

Assurant Securities & Management Limited

TREC No # 296

Amin Court (2nd Floor), Room No# 204, 62-63 Motijheel C/A, Dhaka-1000

Phone : 02-47120890-01, 02-47121232

Mobile :

Fax :

Email : info@assurantsecuritiesltd.com

Web : assurantsecuritiesltd.com

FUND WITHDRAWAL REQUISITION

Date:

OFFICE COPY

Account No:

Account Type: Margin / Non-Margin

Account Name:

Amount to be withdrawn: Tk.

In words:

Payment Instruction:

Routing No.

13-digit Bank A/C Number :

Bank Name:

Branch Name:

For Office use only

Signature and bank details Verified

(Authorized Signature)

A/C Holder's Signature

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FUND WITHDRAWAL REQUISITION

Date:

CLIENT COPY/AUTHORIZATION

Account No:

Account Type: Margin / Non-Margin

Account Name:

Amount to be withdrawn: Tk.

In words:

I do hereby authorize Mr./Ms. to collect my cheque on behalf of me.

His/her specimen signature is attested below:

(Authorized Person's Signature)

A/C Holder's Signature