MIDAS INVESTMENT LIMITED
A full-fledged Merchant Banker and Portfolio Manager

MIDAS Centre (6th Floor), H# 05, R# 16(New), Dhanmondi, Dhaka-1209.Phone: +88029119371, E-mail: info@midasinvbd.com

Please paste recent passport size photograph Attested by A/C Holder

Nominee /Heir

BO Account Nominee Change Form

Please complete all details in **CAPITAL** letter

Application No / Trading Code No : Date :

Account Holders BO-ID :

1	6	0	6	0	1	0	0								

Name of Bo Accounts Holders :

Previous Nominee Details :

Name : ……

Address .....

City.....Division.....Country.....

Post Code.....Mobile.....Telephone.....

E-Mail.....NID No.....

Passport No.....Issue Place.....Issue Date.....Expiry Date.....

Nominee Details Will Be Changed As :

Name : ……

Relationship with A/C Holder : …….. ……..Percentage (%) ……...

Address .....

City.....Division.....Country.....

Post Code.....Mobile.....Telephone.....

E-Mail.....NID No.....

Passport No.....Issue Place.....Issue Date.....Expiry Date.....

Residency Flag : Resident ☐ Non Resident ☐

Applicants	Previous Name / Present Name	Previous Signature	Present Signature
Account Holder (1st Applicant)			
Joint Account Holder (2nd Applicant)			

Submitted by Recommended by Approved by

If you want to send this form by E-mail then you must have to send it from your verified mail.

Business Activities

☐ Services ☐ Financial ☐ Manufacturing ☐ Export/Import ☐ Consultant ☐ Trading
☐ Retailing ☐ Wholesaler ☐ Commission ☐ Agents ☐ Others.....

Business Address .....

.....

Contact Person Name (A) .....

Designation ..... Department .....

Mobile No ..... Telephone (Office) .....

Fax ..... Email .....

Contact Person Name (B) .....

Designation ..... Department .....

Mobile No ..... Telephone (Office) .....

Fax ..... Email.....

NOMINARTION FORM

I/We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the event of the death of the sole holder(s).

Nominee(s) Details:

NOMINEE 1

Name in Full

Insert full name (in block letter) Title Mr./Ms./Dr.

Relationship with account holder Percentage (%)

Present Address: .....

Mobile No: .....Smart Card/NID No: .....Date of Birth: .....

Guardian's Detail (If nominee is minor)

Name in Full

Insert full name (in block letter) Title Mr./Ms./Dr.

Relationship with Nominee:

Present Address: .....

Mobile No: .....Smart Card/NID No: .....Date of Birth: .....

NOMINEE 2

Name in Full

Insert full name (in block letter) Title Mr./Ms./Dr.

Relationship with account holder Percentage (%)

Present Address: .....

Mobile No: .....Smart Card/NID No: .....Date of Birth: .....

√

"শেয়ার বাজারে বিনিয়োগ ঝুঁকিপূর্ণ। জেনে ও বুঝে বিনিয়োগ করুন"

SIGNATURE CARD (INDIVIDUAL/JOINT)

Principal Applicant

Picture

Full Name: _____
(In Block Letter)

√

Joint Applicant

Picture

Full Name: _____
(In Block Letter)

√

Authorized Person

Picture

Full Name: _____
(In Block Letter)

In Case of Joint Account Operation ☐ Any One ☐ Jointly
☐ All Financial Transaction ☐ Buy/ Sell

Nominee and Guardian

Picture	Picture	Picture	Picture
Nominee 1	Guardian 1	Nominee 2	Guardian 2

	Name	Signature
Nominee 1		√
Guardian 1		
Nominee 2		
Guardian 2		

BO ACCOUNT NOMINATION FORM

CDBL Bye Laws

Form 23

Please complete all details in CAPITAL letters. **Please fill all names correctly.** All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form -02.

Application No..... Date *(DDMMYYYY)*.....

Name of CDBL Participant (Up to 99 Characters)

.....

CDBL Participant ID

0	6	0	1	0	0

Account holder's BO ID

1	6	0	6	0	1	0	0								

Name of Account Holder **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)**

I / We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the event of the death of the sole holder / all the joint holders.

1. Nominee / Heirs Details

Nominee 1

Name in Full

.....

Short Name of Nominee **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)** *Title i.e. Mr. / Mrs.*

Relationship with A/C Holder:..... Percentage (%) .....

Address

.....

City..... Post Code..... State / Division ..... Country..... Telephone.....

Mobile Phone..... Fax..... E-mail.....

Passport No..... *Issue Place*..... *Issue Date*..... *Expiry Date*.....

Residency: Resident ☐ Non Resident ☐ Nationality..... Date Of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)

Name in Full

.....

Short Name **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)**

Relationship with Nominee .....Date of Birth of Minor *(DDMMYYYY)* ..... Maturity Date of Minor*(DDMMYYYY)*.....

Address

.....

City..... Post Code..... State / Division ..... Country..... Telephone.....

Mobile Phone..... Fax..... E-mail.....

Passport No..... *Issue Place*..... *Issue Date*..... *Expiry Date*.....

Residency: Resident ☐ Non Resident ☐ Nationality..... Date Of Birth (DDMMYYYY)

Nominee 2

Name in Full

.....

Short Name of Nominee **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)** *Title i.e. Mr. / Mrs.*

Relationship with A/C Holder:..... Percentage (%) .....

Address

.....

City..... Post Code..... State / Division ..... Country..... Telephone.....

Mobile Phone..... Fax..... E-mail.....

Passport No..... *Issue Place*..... *Issue Date*..... *Expiry Date*.....

Residency: Resident ☐ Non Resident ☐ Nationality..... Date Of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)

Name in Full

.....

Short Name **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)**

Relationship with Nominee .....Date of Birth of Minor *(DDMMYYYY)* ..... Maturity Date of Minor*(DDMMYYYY)*.....

Address

.....

City..... Post Code..... State / Division ..... Country..... Telephone.....

Mobile Phone..... Fax..... E-mail.....

Passport No..... *Issue Place*..... *Issue Date*..... *Expiry Date*.....

Residency: Resident ☐ Non Resident ☐ Nationality..... Date Of Birth (DDMMYYYY)

2. Photograph of Nominees / Heirs

Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph
Nominee / Heir 1	Nominee / Heir 2	Guardian 1	Guardian 2

	Name	Signature
Nominee / Heir 1		√
Guardian 1		
Nominee / Heir 2		
Guardian 2		
First Account Holder		√
Second Account Holder		√