Transmission Request Form

Bye Law 11.7.1

Please fill in all the details in CAPITAL letters. This form is to be used for transferring entire holdings of an account to another account at the instruction of the Account Holder or on the death of the Account Holder at the instruction of his/her legal heirs.

Application No. | | | | | |

Date | | | | | | | | |
D D M M Y Y Y Y

Transferor Details

Name of DP

DP ID

Name of Account Holder

BO ID

Transferee Details

Name of DP

DP ID

Name of Account Holder

BO ID

Transmission Settlement Date: | | | | | | | | |
D D M M Y Y Y Y

Transmission Reason

Reason for Transmission

Name of Account Holder/s or Legal Heir/s	Signature/s

CDBL Participant Certification

The Transmission Request Form has been verified with the details of the Account Holder's account and it is certified that it is in order. The proposed transmission has the appropriate approval of the Commission as required.

Securities standing to the credit of a deceased Account Holder shall vest in his/her nominee/s and where no nomination was made, succession to such Securities has been determined in accordance with law in favour of the heirs or legal representatives of the deceased against production of the necessary representation to the estate of the deceased by way of Probate, Letters of Administration or Succession Certificate, as applicable.

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Name Designation Signature **Participant Seal**

BO Transmission Request Form

The Chief Executive Officer (CEO)
Shahjalal Equity Management Limited
Al-Razi Complex, Level-9, Block-C, Suite-901
166-167 Shahid Syed Nazrul Islam Sharani
Dhaka-1000, Bangladesh.

Subject: Request for Transfer/Transmission of share(s) or BO account.

Dear Sir/Madam,

I/We hereby request you to transfer/transmit my/our securities from my/our BO Account or my BO account maintained with your house to another Depository Participant (DP) account as per details below:

1. Name of BO Account Holder	
2. BO Account Number (Existing)	
3. BO Account Number (Receiving DP)	
4. Name of Receiving Depository Participant (DP)	
5. Securities to be Transferred (ISIN / Name / Quantity)	
6. Reason for Transfer (if any)	

Declaration:

I/We hereby declare that the above information is true and correct. I/We request you to kindly process the transmission of my/our securities as per the details mentioned above.

Signature of BO Account Holder: _____

Date: _____ Place: _____

For Office Use Only:

Received by: Verified by: Approved by:

(Official seal with name, designation & date)