

To
Managing Director
TIMES SECURITIES LIMITED
Stock Exchange Annex Building, Suite 904 (8th Floor)
9/E Motijheel C/A, Dhaka-1000, Bangladesh.



Photo
With Signature

LETTER OF AUTHORISATION

Photograph of
Authorized Person

Dear Sir

I/We

s/o of

..... hereby authorize Mr./Mrs.

s/o..... of

..... whose specimen signature is given below (hereinafter referred to as the "Account Operator") to exclusively deal, buy, sell, transfer shares, debenture, stocks, bonds and other securities on behalf of me with regard to the "Securities Account" Opened and maintained in my name with TIMES SECURITIES LIMITED submitted (hereinafter referred to as the "Broker").

I hereby authorize and instruct the "Broker" to deal, buy, sell, transfer shares, debenture stock, bonds and other securities on verbal and/or written instructions of the "Account operator"

I also authorize the "Account operator" to place buy/sell orders, receive confirmation notes, receive and deliver cheques/cash and/or shares or other securities on my behalf with regard to my "Securities Account".

I hereby declare that I am fully aware of all consequences of transactions that may be carried out on my behalf by the "Account operator" and shall take responsibility for all such transactions as that of my own. I shall fulfill and abide by all rules and regulations described in the "Securities Account Opening Form" duly completed and signed by me with regard to all transaction carried out by the "Account Operator" without any demur of protest.

I hereby undertake and ensure to make good and compensate for any loss or damage incurred or sustained by the "Broker" for any reason whatsoever as a result of any transaction carried out by the "Account Operator".

Thank you

Yours sincerely

.....
(Signature of the Account Operator)

(.....)

Date :

.....
(Attested by the Account Holder)

Witnesses :	1. Signature :	<input type="text"/>	2. Signature :	<input type="text"/>
	Name :	<input type="text"/>	Name :	<input type="text"/>
	Address :	Address :
	

LETTER OF AUTHORIZATION

I/We do hereby authorize TIMES SECURITIES LIMITED to treat my executed sale order of Securities as pay in instruction i.e. transfer from my Beneficiary Owner (BO) Account to TIMES SECURITIES LIMITED clearing account.

I/We do further authorize TIMES SECURITIES LIMITED to debit interest on margin A/C and all CDBL related fees & charges from my Securities Account.

Name of the Account Holder/s : 1)

2)

3)

Internal Client No. :

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B. O Account No. :

1	2	0	3	3	5	0	0						
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Signature of the Account Holder/s :

1)

2)

3)