

SQUARE SECURITIES MANAGEMENT LTD.

TREC holder of Dhaka Stock Exchange Ltd. & Chittagong Stock Exchange Ltd.
9/E Motijheel C/A, 2nd Floor, Dhaka. & DSE Tower 8th floor, Nikunja-2, Dhaka.
Ph # 9514701-05, 41040164-65 Email: ssmi@squaregroup.com. Web: www.ssmi.com.bd
Registration # Reg-3. 1/DSE/76-99/29 & Reg-3.2/092/98-056

Photograph of Account
holder with attestation of
Introducer

CUSTOMER ACCOUNT OPENING FORM

(For Individual Customer/Applicant: Single Account)

Customer Account No.	
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BO Account No:	12015600
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Account Opening Date: / /

Account Type: Cash [] Margin []

(To be filled by applicant)

Details of Customer

Citizenship status (✓) : Resident Bangladeshi [] / Non-Resident Bangladeshi [] Foreigner [] / Other

Name of the Customer : _____

Profession : _____ Telephone No. _____

Date of Birth : _____ Sex(✓): Male [] Female [] Nationality: _____

Father's Name : _____ Mother's Name: _____

Spouse Name : _____ Spouse NID (if any) : _____

NID/Passport/Birth Cer No. : _____ Account holder's ETIN: _____

Account holder's Mobile No.: _____ Email address: _____

Contact/Present address : _____

Permanent address : _____

Whether the applicant is officer or Sponsor/Director of any Broker/Dealer/Exchange/Depository/Clearing & Settlement Company/Listed Company? Yes [] No []

If Yes, please mention the name & address of the Broker/Dealer/Exchange/Depository/Clearing & Settlement Company/Listed Company with designation of the said officer or sponsor or director :

Nominee Details:

Photograph(s) of Nominee(s) with attestation of the Customer

Particulars	Nominee-1	Nominee-2
Name		
Father's Name		
Mother's Name		
Permanent Address		
Mobile Number		
Email Address		
NID/Birth Certificate/Passport No.		
Relation With Applicant		
Percentage (%) of Nomination		
Signature of the Nominee		
Signature of the Account Holder		

Authorized Person Details (if any):

Name				Photograph(s) of Authorized Person with attestation of the Customer
Present/Contact Address				
NID/Birth Certificate/Passport No.				
Phone Number		Mobile No.		
Email Address				
Signature of Authorized Person				

Source of Fund details:

Bank Account Details:

Account Number																									
Bank Name																									
Branch Name													Routing No.												

Introducer Details:

Name			
Account Number			
Mobile Number			Signature of the introducer with date
Address			

Have any other Customer Account (Single/Joint) with any Stock Broker(s)? Yes [] No [] If Yes, give details:

Client Code No.	Bo Account No.	Name of Broker

.....
Signature of the Account Holder with date

.....
Signature of the Authorized Person (if any) with date

Processed by	
Name :	
Designation :	
Signature :	
Date :	

Checked by	
Name :	
Designation :	
Signature :	
Date :	

Approved by	
Name :	
Designation :	
Signature :	
Date :	

BO ACCOUNT OPENING FORM

(Bye Law 7.3.3 (b))

Please complete all details in CAPITAL letters, Please fill all names correctly. All communication shall be sent only to the First Name Account Holder's correspondence address.

Application No.

Date (DDMMYYYY)- / /20

Please Tick Whichever is Applicable

BO Category: Regular <input type="checkbox"/>	Omnibus <input type="checkbox"/>	Clearing <input type="checkbox"/>	BO Type: Individual <input type="checkbox"/>	Company <input type="checkbox"/>	Joint Holder <input type="checkbox"/>
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Name of CDBL Participant (Up To 99 Characters) SQUARE SECURITIES MANAGEMENT LTD.		Date Account Opened (DDMMYYYY)
CDBL Participant ID <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="0"/>	BO ID <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I/ We request you to open a Depository Account in my / our name as per the following details:

1. First Applicant

Name in full of Account Holder (Up to 99 Characters) <input type="text"/>	
Short Name of Account Holder (Insert full Name starting with Title i.e. Mr./Mrs./Ms / Dr. abbreviate only if over 30 characters)	Title i.e.Mr./Mrs./Ms/Dc
<input type="text"/>	<input type="text"/>
(In case of a Company/Firm/Statutory Body) Name of Contact Person <input type="text"/>	
In Case of Individual Male <input type="checkbox"/> Female <input type="checkbox"/> Occupation (30 Characters)	<input type="text"/>
Father's / Husband's Name	<input type="text"/>
Mother's Name	<input type="text"/>

2. Contact Details :

Address					
NID					
City	Post Code	State / Division	Country		
Telephone	Mobile Phone	Fax	E-mail		

3. Passport Details :

Passport No	Issue Place	Issue Date	Expiry Date
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4. Bank Details:

Bank Name	Branch Name	Account No <input type="text"/>
Electronic Dividend Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Exemption if any: Yes <input type="checkbox"/> No <input type="checkbox"/>	Routing <input type="text"/>

5. Others Information:

Residency : Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Nationality	Date of Bith (DDMMYYYY) <input type="text"/>
Statement Cycle Code Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Please Specify).....	
Internal Ref. No (To be filled in by CDBL Participant)	TIN <input type="text"/>
In Case of Company :	Date of Registration (DDMMYYYY) <input type="text"/>
Registration No.	<input type="text"/>

6. Joint Applicant (Second Account Holder)

Name in Full (Up to 99 Characters) <input type="text"/>	
Short Name of Account Holder (Insert full Name starting with Title i.e. Mr. / Mrs. / Ms / Dr. abbreviate only if over 30 characters)	Title i.e.Mr./Mrs./Ms/Dc
<input type="text"/>	<input type="text"/>
NID of Joint Applicant <input type="text"/>	Mobile Phone Number <input type="text"/>

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7. Account Link Request

Would you like to create a link to you existing depository Account ? : Yes No

If yes, then please provide the Depository Bo Account Code (8 Digits) :

8. Nominees / Heirs

If account holder (s) wish to nominate person (s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder/ all the joint account holders, a separate nomination Form-23 must be filed up and signed by all account holders and the nominees giving names of nominees, relationship with first account holder, percentage distribution and contact details, if any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided.

9. Power of Attorney (POA)

If account holder(s) wish to give a power a attorney (POA) to someone to operate the account. a separate Form - 20 must be filed up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form.

10. To be filled in by the Stock Broker / Stock Exchange in case the application is for opening a clearing Account

Exchange Name	DSE <input checked="" type="checkbox"/>	Trading ID	76	CSE <input checked="" type="checkbox"/>	Trading ID	121092
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11. Photograph

<p>Please paste recent passport size Photograph of 1st Applicant or Authorized Signatory in case of Limited Co. Only</p>	<p>Please paste recent passport size Photograph of 2nd Applicant or Authorized Signatory in case of Limited Co. Only</p>	<p>Please paste recent passport size Photograph of Authorized Signatory in case of Limited Co. Only</p>
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1st Applicant or Authorized Signatory in case of Ltd. Co.

2nd Applicant or Authorized Signatory in case of Ltd. Co.

Applicant or Authorized Signatory in case of Ltd. Co.

I/We authorize / you to receive facsimile (fax) transfer instructions for delivery. Yes No

The rules and regulations of the Depository and CDBL Participant Pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for terminate and further action.

Applicants	Name of applicants / Authorized Signatories in case of Ltd. Co.	Signature with date
First Applicant		
Second Applicant	N/A	N/A
3 rd Signatory (Ltd. Co. only)	N/A	N/A

12. Special Instructions on operation of Joint Account

Either of Survivor Any one can operate Any two will operate jointly
 Account will be operated by _____ with any one of the others.

13. Introduction

Introduction by an existing account holder of **SQUARE SECURITIES MANAGEMENT LTD.**
 (Depository Participant's Name)

I confirm the identity, occupation and address of the applicant (s).....

..... Introducer's Name

..... Account ID

(Signatures of introducer)

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BO ACCOUNT NOMINATION FORM

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-20.

Application No.

Date (DDMMYYYY)- / / 20

(Name of CDBL Participant) SQUARE SECURITIES MANAGEMENT LTD.	CDBL Participant ID 1 5 6 0 0
Account Holder's BO ID 1 2 0 1 5 6 0 0	
Name of Account Holder (Insert full Name starting with Title i.e. Mr./Mrs./Ms / Dr. abbreviate only if over 30 characters)	
<input type="text"/>	

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

1. Nominee/Heirs Details

Nominee 1	
Name in Full <input type="text"/>	
NID of Nominee <input type="text"/>	Birth Certificate of Nominee <input type="text"/>
Short Name of Power Nominee (Insert full Name starting with Title i.e. Mr./Mrs./Ms / Dr. abbreviate only if over 30 characters)	
<input type="text"/>	
Title i.e. Mr./Mrs./Ms <input type="text"/>	
Relationship with A/C Holder: <input type="text"/>	
Percentage (%) <input type="text"/>	
Address <input type="text"/>	
<input type="text"/>	
City	Post Code
State / Division	Country
Telephone	Mobile
Fax	E-mail
Passport No.	Issue Place
Issue Date	Expiry Date
Residency: Resident <input type="checkbox"/> Non Resident <input type="checkbox"/>	Nationality
Date of Birth (DDMMYYYY) <input type="text"/>	
Guardian's Details (if Nominee is a Minor)	
Name in Full:	
Short Name of Account Holder (Insert full Name starting with Title i.e. Mr./Mrs./Ms / Dr. abbreviate only if over 30 characters)	
<input type="text"/>	
Relationship with Nominee	Date of Birth of Minor (DDMMYYYY)
Maturity Date of Minor (DDMMYYYY)	
Address	
<input type="text"/>	
City	Post Code
State / Division	Country
Telephone	Mobile
Fax	E-mail
Passport No.	Issue Place
Issue Date	Expiry Date
Residency: Resident <input type="checkbox"/> Non Resident <input type="checkbox"/>	Nationality
Date of Birth (DDMMYYYY) <input type="text"/>	

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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./Ms.

Relationship with Holder : Percentage (%)

Address :

City Post Code State / Division Country

Telephone Mobile 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 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	N/A	N/A

Central Depository Bangladesh Limited (CDBL)
Depository Account (BO Account) opened with CDBL Participant
Terms & Conditions-Bye Laws 7.3.3(C)

To,
Authority
Square Securities Management Ltd.
Room # 141 (8th Floor)
DSE Tower, Nikunja-2, Dhaka.

Dear Sir,

Please open a Depository account (BO Account) in my/our names (s) on the terms and conditions set out below. In consideration of Square Securities Management Ltd. (The "CDBL participant") opening the account providing depository account facilities to me/us, I/we have signed the Bo Account Opening Form as a token of acceptance of the terms and conditions set out below.

1. I/we agree to be bound by the Depositories Act, 1999, Depositories Regulations, 2000, The Depository (User) Regulations 2003, and abide by the Bye Laws and Operating Instructions issued from time to time by CDBL.
2. CDBL shall allocate a unique identification number to me/us (Account Holder BO ID) for the CDBL Participant to maintain a separate Account for me/us, unless the I/we instructs the CDBL Participant to keep the securities in an Omnibus Account of the CDBL Participant. The CDBL Participant shall however ensure that my/our securities shall not be mixed the CDBL participant's own securities.
3. I/we agree to pay such fees, charges and deposits to the CDBL participant, as may be mutually agreed upon, for the purpose of opening and maintaining my/our account, for carrying out the instructions and for rendering such other services as are incidental or consequential to my/our holding securities in and transacting through the said depository account with the CDBL participant.
4. I/we shall be responsible for :
 - (a) The veracity of all statements and particulars set out in the account opening form, supporting or accompanying documents.
 - (b) The authenticity and genuineness of all certificates and/or documents submitted to the CDBL Participant along with or in support of the account opening form or subsequently for dematerialization.
 - (c) Title to the securities submitted to the CDBL Participant from time to time for dematerialization.
 - (d) Ensuring at all times that the securities to the credit of my/our account are sufficient to meet the instructions issued to the CDBL participant for effecting any transaction / transfer.
 - (e) Informing the CDBL Participant at the any changes in my/our account particulars such as address, bank details, status, authorizations, mandates, nomination, signature, etc.
 - (f) Furnishing accurate identification details whilst subscribing to any issue of securities.
5. I/we shall notify the CDBL participant of any change in the particulars set out in the application form submitted to the CDBL participant at the time of opening the account or furnished to the CDBL participant from time to time at the earliest. The CDBL participant shall not be liable or responsible for any loss that may be caused to me/us by reason of my/our failure to intimate such change to the CDBL Participant at the earliest.
6. Where I/we have executed a BO Account Nomination Form
 - (a) In the event of my/our death, the nominee shall receive/draw the securities held in my/our account.
 - (b) In the event the nominee so authorised remains a minor at the time of my/our death, the legal guardian is authorised to receive/draw the securities held in my/our account.
 - (c) The nominee so authorised, shall be entitled to all my/our account to the exclusion of all other persons like my/our heirs, executors and administrators and all other persons claiming through or under me/us and delivery of securities to the nominee in pursuance of the authority shall be binding on all other persons.
7. I/we may at any time call upon the CDBL Participant to close my/our account with the CDBL participant provided no instructions remain pending or unexecuted and no fees or charges remain payable by me/us to the CDBL participant, In such event I/we may close my/our account by executing the account closing form if no balances are standing to my/our credit in the account, In case any balances of securities exist in the account the account may be closed by me/us in one of the following ways:
 - (a) By rematerialization of all existing balances in my/our account,

- (b) By transfer of all existing balances in my/our account to one or more of my/our other accounts (s) held with any other CDBL Participants (s).
- (c) By rematerialization of a part of the existing balances in my/our account and by transferring the rest to one or more of my/our other accounts(s) with any other CDBL Participants (s).
8. CDBL participant covenants that if shall
- (a) act only on the instructions or mandate of the account holder or that of such parson(s) as may have been duly authorized by the Account Holder in that behalf.
- (b) not effect any debit or credit to and from the account of the Account Holder without appropriate instructions from the Account Holder.
- (c) maintain adequate audit trail of the execution of the instructions of the Account Holder.
- (d) Not honors or act upon any instructions for effecting any debit to the account of the Account Holder in respect of any securities unless :
- (i) Such instruction are issued by the Account Holder under his signature or that of his/its constituted attorney duly authorized in that behalf;
- (ii) The CDBL participant is satisfied that he signature of the Account Holder under which instructions are issued matches with the specimen of the Account Holder or his/her constituted attorney available on the records of the CDBL participant;
- (iii) The balance of clear securities available in the account holder's account are sufficient to honour the account holder's instructions.
- (e) Furnish to the account holder a statement of account at the end. of every month if here has been even a single entry or transaction burning that month, and in any event once at the end of each financial year. The CDBL participant shall furnish such statements at such shorter periods as may be required by the Account holder on payment of such charges by the Account Holder as may be specified by the CDBL participant. The account holder shall scrutinize every statement of account received from the CDBL participant for the accuracy and veracity thereof and shall promptly bring to the notice of the CDBL participant any mistakes. inaccuracies or discrepancies in such statements.
- (f) Promptly attend to all grievances/complaints of the account holder and shall resolve all such grievances/complaints as it relate to matters exclusively within the domain of the CDBL Participant within one month of the same being brought to the notice of the CDBL participant and shall forthwith forward to and follow up with CDBL al other grievances / complaints of the account holder on the same being brought to the notice of the CDBL participant and shall endeavour to resolve the same at he earliest.
9. The CDBL participant shall be entitled to terminate the account relationship in the event of the account holder.
- (a) Failing to pay the fees or charges as may be mutually agreed upon within a period of one month from the date of demand made in that behalf.
- (b) Submitting for dematerialization any certificates or other documents of title which are forged, fabricated, counterfeit or stolen or have been obtained by forgery or the transfer whereof is restrained of prohibited by any direction, order or decree of any court or the Banglaseh Securities and Exchange Commission,
- (c) Commits or participates in any fraud or other act of moral turpitude in his/its dealings with the CDBL participant;
- (d) Otherwise misconducts himself in any manner.
10. Declaration and Signature
- I/we herby acknowledge that/ I/We have read and understood the aforesaid terms and conditions for operating Depository Account (BO Account) with CDBL Participant and agree to comply with them.

Applicants	Name of applicants / Authorized signatories in case of Ltd. Co.	Signature with date
First Applicant		
Secound Applicant	N/A	N/A
3dr Signatory (Ltd. Co. only)	N/A	N/A

SQUARE SECURITIES MANAGEMENT LTD.

KYC Profile Form

(under FORM-II)

(Filled by the Stock Broker)

Name of the Account Holder(s): _____

B.O. Account Number : _____

Customer Account Number: _____

Occupation (with Joint Account Holder's, if any): _____

Name of MD/CEO (in case of Company or Institution or Firm): _____

Nature of Business (in case of Company or Institution or Firm): _____

Describe in detailed as to whether the account holder (the individual/institution / company) is a director / sponsor of a listed company or he / it is a politically exposed person (PEP) / Influential Person/Member of a Senior Management of an International Organization. ? Yes [] No []

If Yes, please specify: _____

Source of Fund: _____

Approximate amount of Daily/Monthly/Annual Transactions: _____

Describe in detailed, how source of fund was verified: _____

Details of Information/Documents of the Account Holder(s):

Sl.	Nature of Documents	Number	Photocopy Obtained		Applicable for
			Yes	No	
1	National ID				Individual (if any)
2	Passport				Individual (if any) or NRB or Foreigner
3	Visa/Residential Permit and Work permit				NRB or BR or Foreigner
4	Birth Certificate				Individual (if any)
5	Driving License				Individual (if any)
6	Bank Account with supporting document				Individual or NRB or NR or Foreigner
7	NID/Birth Certificate/Passport				Nominee
8	NID/Birth Certificate/Passport				Authorized Person
9	Registration Certificate				Firm/Company/Institution
10	Date of Incorporation				Firm/Company/Institution

SQUARE SECURITIES MANAGEMENT LTD.

KYC Profile Form

Sl.	Nature of Documents	Number	Photocopy Obtained		Applicable for
			Yes	No	
11	Memorandum of Association				Company/Institution
12	Articles of Association				Company/Institution
13	Trade License				Firm/Company/Institution
14	E-TIN/TIN				Individual/Firm/Company/Institution
15	VAT Registration				Firm/Company/Institution
16	Particular of Directors				Company/Institution

Comments (if any): _____

.....
Signature of the Account Opening
Officer with date & Seal

.....
Signature of Authorized Officer/
MD/CEO with date & Seal

When was the information related to the Account last reviewed and updated? If any, details with comments: _____

.....
Signature of the Officer performing review
date and update, with date & Seal

SQUARE SECURITIES MANAGEMENT LTD.

Required information & documents for opening BO Account

- 01 সকল প্রয়োজনীয় তথ্য সহ সঠিকভাবে BO Account Opening form পূরণ করতে হবে।
- 02 Photograph/ছবি :
 - (a) Account Holder এর ২ (দুই) কপি (introducer কর্তৃক সত্যায়িত)
 - (b) Joint Account Holder (joint account) এর ২ (দুই) কপি (প্রযোজ্য ক্ষেত্রে)
 - (c) Nominee র ২ (দুই) কপি (Account holder কর্তৃক সত্যায়িত ছবি, Nominee minor হলে সাথে অভিভাবকের ছবি প্রদান করতে হবে)
- 03 Introducer এবং Nominee এর স্বাক্ষর ও প্রয়োজনীয় তথ্যাবলী প্রদান আবশ্যিক।
- 04 NID : First Account holder, Joint holder (if applicable), Nominee (if not minor) প্রত্যেকের NID এর ফটোকপি প্রদান করতে হবে। Nominee যদি minor হয় তবে ছক অনুযায়ী অভিভাবকের তথ্য ও NID প্রদান আবশ্যিক।
- 05 কোন কারণে যদি NID না থাকে তবে Passport এর কপি এবং ব্যাংক স্টেটম্যান্ট প্রদান করতে হবে।
- 06 Bank account এর MICR চেকের পাতার ফটোকপি জমা করতে হবে।
- 07 Tax সুবিধা গ্রহণের জন্য সর্বশেষ প্রাপ্ত ETIN Certificate এর কপি জমা করতে হবে।
- 08 সকল প্রয়োজ্য তথ্যসহ KYC Form পূরণ আবশ্যিক।
- 09 যোগাযোগ রক্ষা, প্রয়োজনীয় তথ্য আদান প্রদান এবং খুদে বার্তা বা SMS প্রেরণের সুবিধার্থে মোবাইল ফোন নম্বর এবং e-mail address প্রদান বাধ্যতামূলক।
- 10 Annual Fee বাবদ ৫০০/= টাকা।
- 11 নিয়মানুযায়ী BO account form জমা দেয়ার সময়ে Account holder এর উপস্থিতি আবশ্যিক।
- 12 Margin Loan account এ loan approval এর পূর্বে কোন ক্রমেই credit facilities বা negative balance এ শেয়ার ত্রয় করা যাবে না। হিসাব খোলার এক মাসের মধ্যে margin loan সুবিধা গ্রহণ করা যাবে না।
- 13 সিকিউরিটিজ আইন মেনে শেয়ার ত্রয়/বিক্রয় বাধ্যতামূলক।