

Date:

The Chief Executive Officer
 Sheltech Brokerage Limited
 OTOBI Center (Level: 5)
 14, Dilkusha C/A, Dhaka-1000.

Subject: Application for Customer Trading and BO Account Closure and Fund Withdrawal.

Dear Sir,

I would like to inform you that I am maintaining an account with your company; now I want to close my BO Account including trading account.

Therefore, hereby request you to close the account and issue a cheque or BEFTN in favor of me at the earliest.

Client Name:		Signature of 1 st Account Holder	Signature of 2nd Account Holder
Client Code:	BO ID: 12025500		
Account Type: Cash / Margin Contact No:			
Withdrawal Mode:	Cheque BEFTN		
Bank Name:			
Bank A/C No:			
Bank Routing No:			
Amount: Tk. / Ledger Balance			

Office Use Only:

<u>Department of Customer Care</u> 1. Account Opening form fully complied, 2. Stock Dividend Receivable (if any), 3. Signature Verified.	<u>Executive</u> Signature & Date	<u>Dept. Head</u> Signature & Date
<u>Department of Sales & Trading</u> 1. All Buy/sell order checked, 2. All Confirmation checked, 3. Others.	<u>Executive</u> Signature & Date	<u>Dept. Head</u> Signature & Date
<u>Department of Settlement</u> 1. CDBL Charge of current month, 2. Physical share status, 3. Others.	<u>Executive</u> Signature & Date	<u>Dept. Head</u> Signature & Date
<u>Department of Accounts</u> 1. CDBL Charge, 2. BO Renewal Fees, 3. Payment Voucher signature, 4. Interest Deduction for Margin & others (if any)	<u>Executive</u> Signature & Date	<u>Dept. Head</u> Signature & Date
<u>Department of IT</u> 1. Close in Back Office, 2. Others.	<u>Executive</u> Signature & Date	<u>Dept. Head</u> Signature & Date

Closing Date: ___/___/20__

Approved By, CEO/Director: _____

CDBL Account Closing Form
Bye Law 7.7.1
 Please fill in all the details in CAPITAL letters

Application No.

Date
 D D M M Y Y Y Y

To
 (Depository Participant Name)

DP ID

I/We, the Sole Holder / Joint Holders / Guardian (in case of minors) / Clearing Member request you to close my / our Depository Account with you. The details of my / our account are as indicated below:

Account Holder's Details

Account ID

Name of Account Holder

Name of Second Account Holder

Name of Third Account Holder

Closure Details

Reason for Closure of Account

Details of Remaining Security Balances in the Account (if any)

Whether to be partly rematerialized and partly transferred: YES NO

To be rematerialized: YES NO To be Transferred to another Account: YES NO

Whether any of the following is Applicable (To be filled by DP): Ear-marked Pledged Frozen

Name of Account Holder/s	Signature/s

Authorized Signature of Depository Participant

Seal of CDBL Participant
