Information on Nominee (Annexure-2) PLEASE FILL OUT THE FORM IN CAPITAL LETTER IN ENGLISH



Date : D D M														Bank Use Only																	
																	CIF Number														
	Brai												Branch																		_
																Account Number															
																							╛								
1. Account Title:																															
I/We nominate the following person to receive the balance of my/our account after my/our death. I/We reserve the right to cancel or change the nomination at any point of time. I/We also confirm my/our agreement to the effect that the Bank will not be responsible or liable in any way for execution of transactions as per my/our instruction.																															
2. Nominee's Name																															
3. Father's Name																															
4. Mother's Name																															
5. Spouse's Name																															
6. Date of Birth	th : D D M M Y Y Y Y Y 7. Percentage to be entitled: %																														
8. Relationship																															
9. Permanent Addre House/Holding No.	ent Address : olding No./Landmark:																														
Road/Village:	Post Office:															Photo of Nominee															
Police Station:	Post Code :																														
Country:	District:																														
10. E-mail : U																															
11. Contact No:	ntact No:																														
12. Identity Document : NID Passport Birth Certificate Others (please specify)																															
Number:																		E	xpiry	Date	e (wher	e appl	icable):	D	D	M	М	Υ	Υ	Υ	Υ
13. In case the nominee is minor, the deposit recipient information during minority period of the nominee, in case of death of Account Holder(s), as posection 103 (2) of the Bank Company Act, 1991:															s pe																
Name of Guardian	:																														
Date of Birth	D D M M Y Y Y Relationship with Nominee:														\neg																
Permanent Address:																															
Flat No./Hous	se/Hold	ling N	lo./La	ndma	rk:																										
Road/ Village:				Post Office					Pos Cod						oazila hana:					Dis	trict:					Co	ountry	:			
Identity Document	:		NID		Pa	isspo	ort		Birtl	h C	ertifi	cate		Ot	hers	(plea	se spe	cify)			L										
Number:						Ť										Ī	T	_	xpirv	Date	e (wher	e appl	icable):	D	Б	M	M	Y	Y	Y	Υ
(In case the Nominee is a 1	on res	ident	and i	s entit	led to	o the l	Proce	eds, al	ll prev	alen	ıt Exch	ange	Contr	ol Ru	les an	d Reg	ulatio								ittanc		ceeds	outsi	de Bai	ıglades	 sh.)
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Signature of 1st Applicant									Signature of 2nd						d Applicant						Signature of 3rd Applicant										
															Si						igna	nature Verifier's Sign with Seal & Date									

^{*} This form is needed to obtain when account holder nominates more than one nominee or request a change in nominee details.