

 **INVESTOR BO**  
**ACCOUNT OPENING**  
**INFORMATION FORM**



NAME OF INVESTOR

INVESTOR CODE NO.

B.O. ID. NUMBER

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| 1 | 2 | 0 | 2 | 8 | 4 | 0 | 0 |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|

ACCOUNT TYPE

MOBILE NUMBER

E-MAIL ID.

শেয়ার বাজারে বিনিয়োগ ঝুঁকিপূর্ণ। জেনে ও বুঝে বিনিয়োগ করুন।



**Form IA**  
[SEC Rule 8(1) (CCC)]  
**HAC SECURITIES LIMITED**  
TREC # 74, DHAKA STOCK EXCHANGE PLC.  
Corporate Head Office : BDDL Wahed Tower, Level-9, 94, Molijheel C/A, Dhaka-1000  
E-mail : info@hacsecurities.com. Web : www.hacsecurities.com. Contact : 01988-805535

Photo

### CUSTOMER ACCOUNT INFORMATION FORM

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

Customer Code :

BOID :

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| 1 | 2 | 0 | 2 | 8 | 4 | 0 | 0 |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|

Account Type : Cash

☐

Margin

☐

Account Status

: Individual

☐

Joint

☐

Special Remarks, (if any).....

Name of the Customer/Account Holder :

Father's/Husband's Name :

Mother's Name :

NID:

Date of Birth .....Sex : Male

☐

Female

☐

Nationality .....

Mailing Address :

Post Code :

Permanent Address :

Post Code :

Phone .....Mobile No. ....

Fax :

E-mail : .....

Joint Account Holder's Name :

Father's/Husband's Name :

Mother's Name :

NID:

Date of Birth .....Sex : Male

☐

Female

☐

Nationality .....

Mailing Address :

Post Code :

Permanent Address :

Post Code :

Phone.....Mobile No. ....

Fax :

E-mail : .....

Name with addresss to the authorised person (if any) of the Account Holder to deal -with **HAC SECURITIES LIMITED**  
(A passport size photograph of the Authorized Person is required to be attested by the Customer)

Name of Authorized Person .....

Mailing Address :

Post Code :

Permanent Address:.....

Post Code : .....

Phone .....Mobile No. ....

Fax :

E-mail : .....

If the Account Holder/Joint Account Holder is an Officer or Director of any Stock Exchange/Listed Company ? Yes ☐ No. ☐

If yes. Name & Addresss of the Stock Exchange/Listed Company .....

Name & Addresss of the Person introducing the Customer (if any) .....

Signature of introducer (if any)

Date :

Signature of authorized person (if any)

Date :

Signature of Customer

Date :

Signature of Joint Account Holder

Date :

Authorized Signatory Accepting the Account

Date :

For **HAC SECURITIES LIMITED**

Date :

## TERMS AND CONDITIONS

"BROKER" means **HAC SECURITIES LIMITED**

"BUYER" means the person or persons or the company who intends to buy securities for him/her/their securities through the BROKER.

"SELLER" means the person or persons or the company who intends to sell his/her/their securities through the BROKER.

"Securities Account" means the account opened by the SELLER/BUYER with BROKER to sell/buy securities.

"Settlement day" means the days declared by the Stock Exchange, on which transactions carried out by the BROKER on behalf of the SELLER/BUYER at the Stock Exchange are settled/cleared with the Stock Exchange.

"CDBL" means Central Depository Bangladesh Limited incorporated on 20th August 2000 in Bangladesh under Central Depository Act.

### SALE ORDER

The SELLER shall deliver to the BROKER valid and negotiable documents, i.e., transfer/s documents duly completed and signed by the SELLER together with relative securities certificates with valid title, prior to placing a sale order.

If for any reason whatsoever securities documents delivered by the SELLER turns out to be forged, invalid, worn out, torn or defaced, the defaulting SELLER shall be liable to his/her BROKER for any loss or damage sustained or incurred. The defaulting SELLER shall be liable to replace such securities along with all benefits attributable to such securities within two days of reporting in writing to the SELLER by the BROKER. If for any reason the defaulting SELLER fails to replace such securities along with all benefits attributable to such securities within two days of reporting in writing to the SELLER by the BROKER, the BROKER shall have the absolute discretion, to square-up the transaction commencing from the market day after the stipulated period (as above), at the SELLER risk and the SELLER shall be liable to the BROKER for any loss or damage sustained or incurred.

### PAYMENT TO SELLER

The BROKER shall make payment to the SELLER on the settlement day, subject to the overall cash balance of the seller's "Securities Account."

### PURCHASE ORDER

The BUYER shall pay his/her BROKER total value of the PURCHASE order in the BUYER'S "Securities Account" prior to placing a PURCHASE order.

### PAYMENT BY BUYER

The BUYER shall pay his/her BROKER on or before the settlement day balance amount (if any), including charges of all securities purchased by him during the period of dealing for that settlement. If the BUYER defaults for whatever reason, he shall be liable to his BROKER for all loss or damage sustained or incurred. In addition, to adjust the outstanding amount, the buying BROKER shall have the absolute discretion, to resell commencing from the market day after the day of settlement, the securities at the buyer's risk and the BUYER shall be liable to the buying BROKER for any loss or damage sustained or incurred.

### SETTLEMENT THROUGH CDBL

If the CDBL is involved in the settlement process, client should follow the under mention rules:

Client must maintain a Beneficiary Owner Account with any Depository Participant, and client must inform the BROKER his/her B.O. Account number with authentic documents.

Before place any sell order client must transfer his/her shares from his/her B.O. Account to Broker Clearing Account with related instruction.

Client will pay the charges of CDBL, if necessary to transfer the shares from client B.O. Account to Broker Clearing Account and Clearing Account to B.O. Account.

Broker reserve the absolute right to deduct the charges at source where applicable related to client CDBL operation.

Client will be liable any losses and damages occurred due to wrong or incorrect information related to CDBL is given by the client.

### GOVERNING LAW

All the transactions shall be subject to the Rules and Regulations of the Bangladesh Securities and Exchange Commission/Dhaka Stock Exchange PLC. and to the prevailing laws and regulations of Bangladesh and in particular the authority hereinafter granted by the client to the BROKER.

### AUTHORITY TO THE BROKER

Broker reserves the absolute right for sale/buy/make/adjustment/transfer of any Securities at client's risk in order to set off all losses, damages and debit amount/shares/securities of the "Client Account".

Client shall be bound to pay .....% (in word.....) charges as brokerage to broker for buy and sell and charges for any type of account modification, Transfer IN/OUT shares, DEMAT, corporate actions, IPO, Cheque Dishonor Charge etc. which will be set by broker and broker can change this charge on the basis of activities time to time without any notice to client.

Client shall be bound to furnish such other particulars, documents and/or information that may reasonably required from time to time.

Broker shall have the right to change/modify any terms and conditions when may deem necessary without any notice to the client.

I/We hereby accept your above terms and conditions and I/We declare that the information given is true and correct.

Signature for Customers : 1. ....  
2. ....

Witnesses : 1. Signature : ..... 2. Signature : .....  
Name : ..... Name : .....  
Address : ..... Address : .....

#### FOR OFFICE USE ONLY:

Introduced by

Approved by

Signature : .....

Signature : .....

Name : .....

Name : .....

(Member's/Authority)

**BO ACCOUNT OPENING FORM**  
(Bye Law 7.3.3 (b))



**HAC SECURITIES LIMITED**  
TREC # 74, DHAKA STOCK EXCHANGE PLC.  
FULL SERVICE DP - CDBL

Corporate Head Office :  
BDDL Wahed Tower, Level-9  
94, Motijheel C/A, Dhaka-1000  
E-mail : info@hacsecurities.com  
Web : www.hacsecurities.com  
Contact : 01988-805535

CDBL Bye Laws

Form 02

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

Application No

Please Tick whichever is applicable

Date (DDMMYYYY) .....

BO Category Regular ☐ Omnibus ☐ Clearing ☐ BO Type : Individual ☐ Company ☐ Joint Holder ☐

Name of CDBL Participant (up to 99 Characters)

**HAC SECURITIES LIMITED**

CDBL Participant ID

28400

BO ID

1

2

0

2

8

4

0

0

Date Account Opened (DDMMYYYY)

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) .....

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. / Dr.

(In case of a Company/Firm/Statutory Body) Name of Contact Person .....

In Case of Individual

Male ☐

Female ☐

Occupation (30 Characters) .....

Father's / Husband's Name .....

Mother's Name .....

**2. Contact Details**

Address .....

City ..... Post Code ..... State /Division ..... Country ..... Telephone .....

Mobile Phone ..... Fax ..... E-mail .....

**3. Passport Details**

Passport No ..... Issue Place ..... Issue Date ..... Expiry Date .....

**4. Bank Details**

Routing Number ..... Bank Account Number .....

Bank Name ..... Branch Name ..... District Name .....

Bank Identifier Code (BIC) ..... SWIFT Code ..... International Bank A/C No. (IBAN) .....

Electronic Dividend Credit: Yes ☐ No ☐ Tax Exemption if any: Yes ☐ No ☐ TIN / Tax ID : .....

**5. Other Information**

Residency : Resident ☐ Non Resident ☐ Nationality ..... Bangladeshi ..... Date of Birth (DDMMYYYY) .....

Statement Cycle Code Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Other (Please Specify) .....

Internal Ref. No (To be filled in by CDBL Participant) .....

National ID Card Number :

In Case of Company :

Registration No .....

Date of Registration (DDMMYYYY)

**6. Joint Applicant (Second Account Holder)**

Name in Full (Up to 99 Characters) .....

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. / Dr.

**7. Account-Link Request**

Would you like to create a link to your 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 of attorney (POA) to someone to operate the account, a separate Form - 20 must be filled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document 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 ☐ Trading ID ..... CSE ☐ Trading ID .....

**11. Photograph**

Please paste  
recent passport  
size photograph of  
1st Applicant or Authorized  
Signatory in case of  
Limited Co. Only

Please paste  
recent passport  
size photograph of  
2nd Applicant or Authorized  
Signatory in case of  
Limited Co. Only

Please paste  
recent passport  
size photograph of  
Applicant or Authorized  
Signatory in case of  
Limited Co. Only

First Applicant or Authorized Signatory  
in case of Limited Co.

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

3rd Applicant of Authorized Signatory in case  
of Limited Co. only

**12. Standing Instructions**

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

**13. DECLARATION**

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 termination and further action.

| Applicants                       | Name of Applicants / Authorised signatories incase of Ltd. Co. | Signature with Date |
|----------------------------------|----------------------------------------------------------------|---------------------|
| First Applicant                  |                                                                |                     |
| Second Applicant                 |                                                                |                     |
| 3rd Signatory<br>(Ltd. Co. only) |                                                                |                     |

**14. Special Instruction 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.

**15. Introduction**

Introduction by an existing account holder of ..... Depository Participant's Name  
 I confirm the identify, occupation and address of the applicant (s) .....  
 ..... Introducer's Name  
 ..... Account ID                      
 (Signature of introducer)



**HAC SECURITIES LIMITED**  
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**CDBL Bye Laws  
Form-20**

**Power of Attorney (POA) 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-02.

Application No.....

Date(DD/MM/YYYY) .....

Name of CDBL Participant (up to 99 Characters): **HAC SECURITIES LIMITED**

CDBL Participant ID

**2 8 4 0 0**

Account holder's BO ID.

**1 2 0 2 8 4 0 0**

Name of Account Holder (Insert full name starting with Title i.e. Mr/Mrs. /Ms/Dr, abbreviate only if over 30 characters)

**Power of Attorney Holder's Details**

Name in Full: .....

Short Name of Power of Attorney Holder's (Insert full Name starting with Title i.e. Mr/Mrs. /Ms/Dr, abbreviate only if over 30 characters) Title i.e. Mr/Mrs

**1. Power of Attorney Holder's Contact Details**

Address .....

City..... Post Code..... State/Division..... Country.....

Telephone..... Mobile Phone..... Fax..... E-mail.....

**2. Power of Attorney Holder's Passport Details**

Passport No..... Issue Place..... Issue Date..... Expiry Date.....

**3. Others Information of Power of Attorney Holder**

Residency : Resident ☐ Non Resident

Nationality ..... Date of Birth (DDMMYYYY)

Power of Attorney Effective from

**D D M M Y Y Y Y**

To

**D D M M Y Y Y Y**

Remarks (insert reference to POA document i.e. Specific POA or-General POA etc.): .....

**4. Photograph of Power of Attorney Holder**

|  |                                                             |
|--|-------------------------------------------------------------|
|  | <b>Please paste<br/>recent passport<br/>size Photograph</b> |
|--|-------------------------------------------------------------|

**5. DECLARATION**

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 termination and further action.

| <b>Applicant</b>                        | <b>Name of Applicants/Authorized signatories in case of Ltd. Co.</b> | <b>Signature with date</b> |
|-----------------------------------------|----------------------------------------------------------------------|----------------------------|
| <b>POA Holder</b>                       |                                                                      |                            |
| <b>First Applicant</b>                  |                                                                      |                            |
| <b>Second Applicant</b>                 |                                                                      |                            |
| <b>3rd Signatory<br/>(Ltd Co. only)</b> |                                                                      |                            |



**HAC SECURITIES LIMITED**  
TREC # 74, DHAKA STOCK EXCHANGE PLC.  
Corporate Head Office : BDDL Wahed Tower, Level-9, 94, Motijheel C/A, Dhaka-1000  
E-mail : info@hacsecurities.com, Web : www.hacsecurities.com, Contact : 01988-805535

**CDBL Bye Laws**  
**Form-23**

### 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-02.

Application No.....

Date (DD/MM/YYYY) .....

|                                                                                                                          |                                                                                                                                                                                                                                                                |                                                                                                                      |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of CDBL Participant (up to 99 Characters): <b>HAC SECURITIES LIMITED</b>                                            |                                                                                                                                                                                                                                                                | CDBL Participant ID                                                                                                  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                          |                                                                                                                                                                                                                                                                | <table border="1" style="display: inline-table;"><tr><td>2</td><td>8</td><td>4</td><td>0</td><td>0</td></tr></table> | 2 | 8 | 4 | 0 | 0 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                        | 8                                                                                                                                                                                                                                                              | 4                                                                                                                    | 0 | 0 |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account holder's BO ID                                                                                                   | <table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>0</td><td>2</td><td>8</td><td>4</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | 1                                                                                                                    | 2 | 0 | 2 | 8 | 4 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                                                                        | 2                                                                                                                                                                                                                                                              | 0                                                                                                                    | 2 | 8 | 4 | 0 | 0 |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Account Holder (Insert full name starting with Title i.e. Mr/Mrs. /Ms/Dr, abbreviate only if over 30 characters) |                                                                                                                                                                                                                                                                |                                                                                                                      |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; height: 20px;"></table>                                                            |                                                                                                                                                                                                                                                                |                                                                                                                      |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

#### 1. Nominee / Heirs Details

|                                                                                                                         |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| <b>Nominee 1</b>                                                                                                        |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| 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.                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; height: 20px;"></table>                                                           | <table border="1" style="width: 100%; height: 20px;"></table>                                                                                                                         |  |  |  |  |  |  |  |  |  |  |
| Relationship with A/C Holder.....                                                                                       | Percentage (%) .....                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |
| <b>Address</b>                                                                                                          |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                         |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| City.....Post Code.....State/Division.....Country.....Telephone.....                                                    |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| Mobile Phone.....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) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                         |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| <b>Guardian's Details (if Nominee is a Minor)</b>                                                                       |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| Name in Full                                                                                                            |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                         |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| Short Name (Insert full Name starting with Title i.e. Mr/Mrs. /Ms/Dr, abbreviate only if over 30 characters)            |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; height: 20px;"></table>                                                           |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| Relationship With Nominee .....                                                                                         | Date of Birth of Minor(DDMMYYYY).....Maturity Date of Minor (DDMMYYYY).....                                                                                                           |  |  |  |  |  |  |  |  |  |  |
| <b>Address</b>                                                                                                          |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                         |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| City.....Post Code.....State/Division.....Country.....Telephone.....                                                    |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |
| Mobile Phone.....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) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                         |                                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |

## 2. Photograph of Nominees/Heirs

Guardian 2Page 08

**Central Depository Bangladesh (CDBL)**  
**Depository Account (BO Account) Opened with CDBL Participant**  
**Terms & Conditions - Bye Laws 7.3.3 (c)**  
**CDBL Participant, Dhaka/Chittagong/Sylhet, Bangladesh**



**HAC SECURITIES LIMITED**  
 REG # 74, DHAKA STOCK EXCHANGE PLC.  
 Corporate Head Office: 8001 Wahed Tower, Level 9, 94, Motijheel C/A, Dhaka 1000  
 E-mail: info@hacsecurities.com, Web: www.hacsecurities.com, Contact: 01191-805535

**HAC SECURITIES LIMITED**  
 REG # 74, DHAKA STOCK EXCHANGE PLC.  
 Corporate Head Office: 8001 Wahed Tower, Level 9, 94, Motijheel C/A, Dhaka 1000

**FULL SERVICE DP - CDBL**

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 HAC SECURITIES LIMITED (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 Regulation, 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 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 with 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 from 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 earliest of 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 authorized remains a minor at the time of my/our death, the legal guardian is authorized to receive/draw the securities held in my/our account.
  - (c) The nominee so authorized, shall be entitled to all my/our account to the exclusion of all other persons i.e. 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 this 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 account(s) held with any other CDBL Participant(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 account(s) with any other CDBL Participant(s).
8. CDBL Participant covenants that it shall;
  - (a) Act only on the instruction or mandate of the Account Holder or that of such person(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 honour or act upon any instructions for effecting any debit to the account of the Account Holder in respect of any securities unless;
    - (i) Such instructions 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 the signature of the Account Holder under which instructions are issued matches with the specimen of the Account Holder of his/its 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 there has been even a single entry of transaction during 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 relates 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 all other grievances / complaints of the Account Holder on the same being brought to the notice of the CDBL Participant and shall endeavor to resolve the same at the 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 or prohibited by any direction, order or decree of any court or the Bangladesh Securities and Exchange Commission.
  - (c) Commits or participates in any fraud or other act of moral turpitude in his / its dealings with the CDBL participants;
  - (d) Otherwise misconducts himself in any manner.
10. Declaration and Signature  
 I/We hereby 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 / authorised signatory in case of Ltd. Co. | Signature with date |
|---------------------------------|---------------------------------------------------------------|---------------------|
| First Applicant                 |                                                               |                     |
| Second Applicant                |                                                               |                     |
| Third signatory (Ltd. Co. only) |                                                               |                     |

The Managing Director  
HAC Securitised Limited  
TREC # 074  
BDDL Wahed Tower, Level-9  
94, Motijheel C/A, Dhaka-1000

Photo

## LETTER OF AUTHORISATION

Dear Sir,

Photograph of  
Authorized Person

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 "Securities Account" opened and maintained in my name with M/s **HAC SECURITIES LIMITED** submitted (hereinafter referred to as the "Broker")

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

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

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

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

Thank you

(Signature of Account Operator)

Yours sincerely

1.....

1.....

2.....

2.....  
(Attested by Account Holder)

Date.....

Witnesses : 1. Signature :..... 2. Signature :.....

Name :..... Name :.....

Address :..... Address :.....

.....



**HAC SECURITIES LIMITED**  
TREC # 74, DHAKA STOCK EXCHANGE PLC.  
Corporate Head Office: BDDL Wahad Tower, Level 9, 94, Malipheal C/A, Dhaka-1000  
E-mail: info@hacsecurities.com, Web: www.hacsecurities.com, Contact: 01988-805535

## KNOW YOUR CLIENT (KYC) APPLICATION FORM

1. Name of Account:

2. Client Code:  B.O. ID:

3. Type of Account: ☐ Cash ☐ Margin 4. Category: ☐ Individual: ☐ Joint: ☐ NRB ☐ Corporate

4. Name of Occupation: .....

Occupation Details (If Service or Others): .....

If Business, Name of Business: .....

Name of Product: ..... Business Area: .....

6. Expected Yearly Deposit & Withdrawal:- Individual:  Company:

7. Source of Income / Fund:- Individual:  Company:

8. Customer's Net Worth: .....

9. National ID Card No: ..... Whether photocopy obtained? ☐ Yes ☐ No

10. Whether verification of identity of the client has been satisfactorily completed: ☐ Yes ☐ No

11. Whether the address of the customer is verified?: ☐ Yes ☐ No By .....

12. Politically Exposed Persons (PEPs):

a) Whether approval was taken from senior Management? ☐ Yes ☐ No

b) Whether interview of the customer was taken in person? ☐ Yes ☐ No

c) Source of asset .....

13. If Company, Name of account operator: .....

Position in the Company: .....

(Relationship with the Company)

14. Detailed information of principal beneficial / influential person (Information on Share holders/Directors who hold 20% or more shares in the company and on whose instruction the signatories of the account are act or may act):

.....

.....

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant

Date: / /

**FOR OFFICE USE ONLY**

14. Category of Client (Risk Scenario): ☐ SDD ☐ EDD

15. Overall risk Assessment: Risk Grading

16. Name of Account Opening Officer: .....

Signature of Account open and identified by

Date: / /

Information Reviewed and Updated by:

Date: / /

Signature: ..... Date: / /

Name: ..... Position: .....

Signature of verified by

Date: DD / MM / YYYY

## **Required documents To Opening New Bo Accounts :**

### ***Individual/Joint Account***

1. 2 (two) copies recent passport size photographs (Lab Printed) of each Accountholder/s duly signed by First Account Holder.
2. Photocopy of Passport/National ID/Bank Certificate.
3. Photograph of nominee (s) attested by the account holder (s). If the Nominee (s) is minor then 1 Copy of Passport Sized photograph of a Guardian must be submitted along with the Account Opening Form. Please be noted that the Account Holder cannot be the Guardian of the Nominee (s).
4. Bank Statement with sign & seal ( six month if possible)
5. 1 copy of Passport Sized Color photographs (Lab Printed) of the POA holder ( Attested by the account holder). Photo copy of National ID Card of POA holder (Photo copy of National ID Card has to be attested with the same signature as on the Original Copy).
6. Bo form & Photograph of Account holder should be signed & Verified by the introducer.

### ***Company Account***

1. Photo copy of National ID Card of Managing Director or CEO of the Company (Photo copy of National ID card has to be attested with the same signature as on the Original Copy).
2. Attested Photographs of the Signatories.
3. Board Resolution regarding opening of the account with HAC Securities Limited and A Power of Attorney (POA) holder to operate on behalf of the Company (Attested by Company Secretary or Authorized Signatory)
4. Memorandum & Article of Association certified by RJSC( Incase of Ltd Co.)
5. 1 copy of Passport Sized Color photographs ( Lab Printed) of the POA holder (Attested by the account holder)
6. Photo copy of National ID Card of POA holder ( Photo copy of National ID Card has to attested with the same signature as on the Original Copy)
7. TIN (Tax Identification No)
8. Trade license & Incorporation Certificate
9. Photocopy of Company Bank certificate
10. Photocopy of Company Bank statement
11. Bo form & Photograph of Account holder should be signed & Verified by the introducer.

### ***NRB Account***

1. 2 (two) copies recent passport size photographs (Lab Printed) of each Accountholder (S) duly Signed by First Account Holder.
2. Notarized General Power of Attorney.
3. Photograph of nominee (s) attested by the account holder (s). If the Nominee (s) is Minor then 1 Copy of Passport Sized photograph of a Guardian must be submitted along with the Account Opening Form. Note that the Account Holder Cannot be the Guardian of the Nominee (s).
4. FC Bank Statement for last one month
5. FC & NITA Bank Certificate.
6. 1 Copy of passport Sized Color photographs (Lab Printed) of the POA holder (Attested by the account holder)
7. Photo copy of National ID Card of POA holder (Photo copy of National ID Card has to attested with the same signature as on the Original Copy)
8. Photocopy of electronic Passport including valid Visa Page.
9. Bo form & Photograph of Account holder should be signed & Verified by the introducer.

**TREC # 074, DHAKA STOCK EXCHANGE PLC.**

STOCK BROKER REG. NO. 3.1/DSE-74/2007/165

STOCK DEALER REG. NO. 3.1/DSE-74/2009/341



## **HAC SECURITIES LIMITED**

**CORPORATE OFFICE: BDDL WAHED TOWER**

**94 MOTIJHEEL C/A, LEVEL-9, DHAKA-1000**

☎ 01988-805535, 096-1717-1418 ✉ [info@hacsecurities.com](mailto:info@hacsecurities.com) 🌐 <https://hacsecurities.com>

Extension of Head Office: Room # 610 (5th Floor) DSE Building, 9/E, Motijheel C/A, Dhaka-1000. Mobile: 01727-526032

### **FARIDPUR**

Razzak Plaza (2nd Floor)  
Thana Road, Kath Patti  
Kotowali, Faridpur.  
Mobile: 01720-373399

### **MIRPUR**

Central Plaza (2nd Floor)  
Room # C-13 & C-14  
231, Senpara Parbata  
Begum Rokeya Sarani  
Mirpur-10, Dhaka.  
Mobile: 01984-644928

### **NARAYANGONJ**

Dream Point, Rajuk Plot-2  
B.B Road, Chashara  
Narayanganj.  
Mobile: 01673-900271

### **SYLHET**

903, Sylhet Millenium  
(10th Floor)  
Zindabazar Sylhet-3100.  
Mobile: 01988-805535

### **HATIRPOOL**

Eastern Plaza Shopping &  
Commercial Complex  
Level-6, Room-G/33,  
70 Bir Uttam C.R Dutta Road  
Hatirpool, Dhaka-1205.  
Mobile: 01916-861079

### **PATUAKHALI**

Sagar Konnya Police Club  
Super Market (1st Floor)  
Room # 2, Mohila College Road  
Patuakhali.  
Mobile: 01756-223424