

Application for Unclaimed Dividend (Form-1)

Date:

The Chief of Operation (COO)
Capital Market Stabilization Fund
3rd Floor, DCCI Building, 65-66 Motijheel C/A Dhaka-1000

Dear Sir/Madam,

I/We Shareholder(s) of
.....company request you to pay my/our settlement. My/Our details are mentioned below:

Type of Claim	Self / Authorized / Nominee / Succession
BO ID/ Folio*	
Number of Shares/Amount	
Email (As per CDBL records)	
Mobile Number (As per CDBL records)*	
National Identification Number (NID)*	
Bank account Number (As per CDBL records)*	
Name of the Bank*	
Branch Name*	
Routing Number*	
Bank Account Beneficiary Name*	
Nominee (If any)	
Authorized Person (If any)	
Death Certificate (If any)	
Succession Certificate (If any)	

Yours faithfully,

Signature of the Shareholder(s) (As per NID)

Address:

Notes:

- a) (*) must be filled