



Treasury Division Head Office

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

BP ID [REDACTED] [Will be filled by Treasury Division, Dhaka Bank PLC]

BP Type:

Individual [Resident Non-Resident] Provident/Pension/Trust/Gratuity Fund Investment Company
 Corporate Body Gen. Insurance Life Insurance Foreign Investor Mutual Fund Other

1. Applicants Details **Single/First Applicant** **Second Applicant** **Other**

Name of the Account Holder:

Applicable for Individual: **Male** **Female**

Occupation:	Date of Birth:
Mother's Name:	Father's Name:
NID No:	TIN No:
() Resident () Non Resident	Passport (If Any):

Applicable for Non-Individual:

Type of Organization:	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Company	<input type="checkbox"/> Other (Specify) _____
Type of Business:	<input type="checkbox"/> Trading	<input type="checkbox"/> Service	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other (Specify) _____	
Trade License No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Issue Date	Issuing Authority
Registration No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Issue Date	Issuing Authority
VAT Registration No (If Any):	<input type="text"/>	TIN No (If Any):	<input type="text"/>		

2. Contact Details

Present Address/Business Address:

Permanent address:

Phone No:/Mobile No:

3. Bank Details

Bank Name: **Branch Name:**
Account Number: **Account Type:**
Routing Number:

4. Nominee(s) [Applicable for Individual Account Holder]

I/we authorized the following person(s) as Nominee to receive/draw the amount in my/our account in the event of my/our death.

I/we authorized the following person(s) as Nominee to receive/draw the amount in my/our account in the event of my/our death.						
Name	NID No:	Address	Relation with Account Holder	Date of Birth	% Payable	Signature of the Nominee

Applicant's Signature

Manager, Treasury/Investment Window

Head of Treasury

5. Signatory Details [Applicable for Non-Individual]

Name	Designation & Department	Personal Details
		Father's Name : Mother's Name : NID No : Date of Birth : Contact No :
		Father's Name : Mother's Name : NID No : Date of Birth : Contact No :
		Father's Name : Mother's Name : NID No : Date of Birth : Contact No :

6. Photographs

Please Attach a Recent
Passport Size Color
Photograph of 1st
Applicant/Authorized
Signatory

Please Attach a Recent
Passport Size Color
Photograph of 2nd
Applicant/Authorized
Signatory

Please Attach a Recent
Passport Size Color
Photograph of Authorized
Signatory/ Nominee

7. Specimen Signature

Applicants	Name of Applicant/Authorized Signatory	Signature with Date (Official Seal is Mandatory for Signatory)

8. Special Instruction on Operation of Account

- | | | |
|---|--|---|
| <input type="checkbox"/> Either or Survivor | <input type="checkbox"/> Anyone Can Operate | <input type="checkbox"/> Any Two will Operate |
| <input type="checkbox"/> Only _____ | <input type="checkbox"/> Account will be Operated by _____ | with any one of the others |

9. Declaration & Signature

I/we, hereby declare that the information furnished me/us as above are true. I/we would also furnish additional information/document(s) as per your demand and request.

Signature and Date of 1st Applicant

Signature and Date of 1st Applicant

For Treasury Division Use Only

Initiated By _____

Manager, Treasury/Investment Window

Head of Treasury