



Times Securities Limited

(A Company of S. Alam Group)

A TREC Holder of the Dhaka Stock Exchange Ltd. (TREC # 166)

A Depository Participant of the Central Depository Bangladesh Ltd.

Authorized and regulated by the Securities and Exchange Commission

BO ACCOUNT OPENING FORM

Account No. :

BO ID No. : 1 2 0 3 3 5 0 0

Account Name :

Address :

Mobile :

Phone :

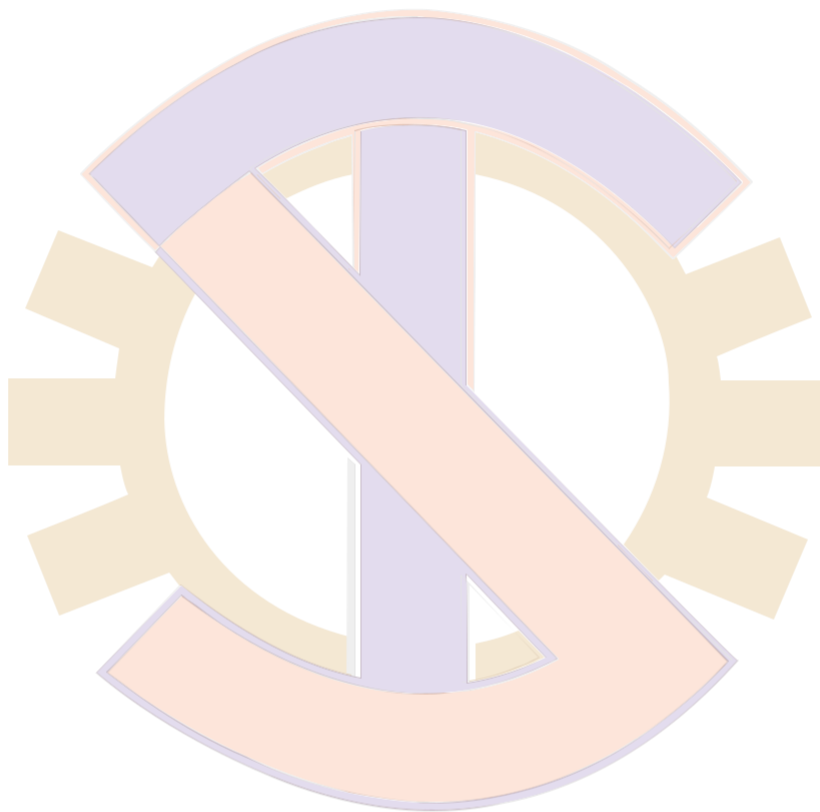
Fax :

E-mail :

Office : DSE Tower, Room # 221, (Level-11) Road # 21, Plot # 46
Nikunja-2, Dhaka-1229. Contact : 02-41040138-39, 41040281-82

E-mail : timessecurities@gmail.com

Website : www.tslbangladesh.com

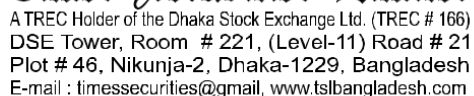


Extension of Main Office :
Room # 424 (3rd Floor)
9/E, Motijheel C/A, Dhaka-1000
Tel : 02-9575952

Gulshan Branch :
Sheba House (2nd Floor),
Plot # 34, Road # 46, Gulshan-2
Dhaka-1212, Phone : 02-222263242

Chattogram Branch :
1722-1723 Asadganj (1st Floor),
Lamabazar, Kotawali, Chattogram-4100,
Phone : 0312-851116

Sylhet Branch:
Millennium Shopping,
Complex (5th Floor), Zindabazar, Sylhet-3100
Phone: (0821) 2830857, 01833334371



Tel : +88 02 41040138-39
: +88 02 41040281-82

Photo Account Holder	Photo 2nd Holder
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“শেয়ার বাজারে বিনিয়োগ ঝুঁকিপূর্ণ। জেনে ও বুঝে বিনিয়োগ করুন”

6. NOMINEE DETAILS :

Nominee
Holder

Signature of Nominee:

Signature of 1st Account Holder :

1.

Signature of Joint Account Holder :

2.

7. AUTHORIZED PERSONS DETAILS :

Photo
Authorized
Holder

Signature of Authorized Person

Signature of 1st Account Holder :

1.

Signature of Joint Account Holder :

2.

8. MODE OF OPERATION :

Single ☐

Jointly ☐

Either or Survivor ☐

9. SPECIAL INSTRUCTION (if any) :

1.

2.

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

Signature of Accounts Holder

Date :

Signature of Joint Account Holder

Date :

Acceptance by **TIMES SECURITIES LIMITED**

Authorized Signature

Date :



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Reg. No.-Reg-3.1/DSE-166/2008/298
BO Account Opening Form
[Bye Law 7.3.3 (b)]

Tel : +88 02 41040138-39
: +88 02 41040281-82

Form 02

CDBL Bye Laws

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.

Application No

Date (DDMMYYYY)

Please Tick whichever is applicable

BO Category: Regular ☐

Omnibus ☐

Clearing ☐

BO Type: Individual ☐

Company ☐

Joint Holder ☐

Name of CDBL Participant (Up to 99 Characters)

TIMES SECURITIES LIMITED

CDBL Participant ID

3 3 5 0 0

BO ID

1

2 0 3 3 5 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

Title i.e. Mr./Mrs./Ms./Dr.

In Case of Individual

Male ☐

Female ☐

Occupation (30Characters)

2. Contact Details:

Address

3. Passport Deals

4. Bank Details

Electronic Dividend Credit: Yes ☐

No ☐

Tax Exemption if any: Yes ☐

No ☐

TIN / Tax ID

5. Others Information

Residency : Resident ☐ Non Resident ☐ Nationality

Date Of Birth (DDMMYYYY)

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

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

In Case of Company :

Date of Registration (DDMMYYYY)

6. Joint Applicant (Second Account Holder)

Short Name of Account Holder

Title i.e. Mr./Mrs./Ms./Dr.

7. Account Link Request

<input type="checkbox"/>	No.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Nominees/Heirs

rovided.

9. Power of Attorney (POA)

Exchange Name DSE <input type="checkbox"/>	Trading ID	CSE <input type="checkbox"/>	Trading ID
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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
Authorized
Signatory in case
of Limited Co. Only

1st Applicant or Authorized
Signatory in case of Ltd Co.2nd Applicant or Authorized
Signatory in case of Ltd Co.Authorized
Signatory in case of Ltd Co.**12. Standing Instructions**Yes ☐ No ☐**13. DECLARATION**

and further action.

Applicants	Signature with date
First Applicant	
Second Applicant	
3 rd Signatory (Ltd Co. only)	

14. Special Instructions on operation of Joint Account

☐ Either or Survivor.
 ☐ Any one Can operate
 ☐ Any two will operate jointly

☐ Account will be operated by _____ with any one of the others.

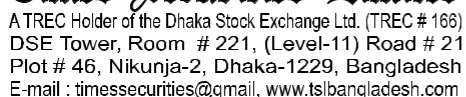
15. IntroductionIntroduction by an existing account holder of **TIMES SECURITIES LIMITED**

Depository Participant's Name

Introducer's Name

..... Account ID **1 2 0 3 3 5 0 0**

(Signature of Introducer)



: +88 02 41040281-82

[Bye Law 7.3.3 (b)]

Form 23

Please complete all details in CAPITAL letters. Please fill all names correctly.

address of only the **First Named Account Holder** as specified in BO Account Opening Form 02.

Application No

Date (DDMMYYYY)

[illegible]

the death of the sole holder / all the joint holders.

1. Nominee / Heirs Details

[illegible]

Nominee 2

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.

Percentage (%)

Address

Residency : Resident

Non Resident

Guardian's details (if Nominee is a Minor)

Name in Full

Short Name

Address

Residency : Resident

Non Resident

2. Photograph of Nominee(s) / Heir(s)

Please paste recent passport size Photograph

Please paste recent passport size Photograph

Please paste recent passport size Photograph

Please paste recent passport size Photograph

Nominee / Heir 1	Nominee / Heir 2	Guardian 1	Guardian 2
	Name	Signature	
Nominee / Heir 1			
Guardian 1			
Nominee / Heir 1			
Guardian 1			
First Account Holder			
Second Account Holdeer			



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Reg. No.-Reg-3.1/DSE-166/2008/298

Central Depository Bangladesh Limited (CDBL)

Dear Sir,

Terms & Conditions - Bye Laws 7.3.3 (c)

Please open a Depository account (BO Account) in my/our names(s) on the terms and conditions set out bellow. In consideration of **Times securities Ltd.** (the "CDBL Participants") 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 bellow.

1. I/w

not

be mixed with the CDBL Participant's own securities.

3.

the

depository

account with the CDBL Participant.

4. I/we shall be responsible for:

documents;

(b)

with

(c)

(d)

issued

(e)

d

bank

of

6. Where I/we have executed a BO Account Nomination Form

a)

b)

authorised

to receive/draw the securities held in my/our account.

c)

my/our
securities

such event I/we may close my/our a/c

In
my/our
one

of the following ways:

(a)

(Signature of Accounts Holders)

(CDBL Participant (s);

8. CDBL Participant covenants that it shall

a) act only ç
authorized by the Account Holder in that behalf

c) Account Holder.
securities unless:

(i)
duly authorized in that behalf:

CDBL Participant;

Holder's instructions.

f)
complaints

9.

demand made in that behalf;

(b)

or

(c)

(d) Otherwise misconducts himself in any manner.

10. Declaration and Signature

Applicnts		signature with date
First Applicant		
Second Applicant		
3rd Signatory (Ltd co. only)		



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KYC Profile Form

(To be completed by the Account Holder)

1. Client / Account Name:	
2. Type of Account:	
3. Account / Reference / Client Code:	
4. Name of Account Opening Officer:	
5. What is the source of fund>	

Deposit Type	No. of Transaction	Amount	Withdrawal Type	No. of Transaction	Amount
Cash Deposit			Cash Withdrawal		
Others (Specify)			Others (Specify)		
Total Probable Deposit			Total Probable Withdrawal		

12. VAT Reg. No

14. What does the customer do?

Mention the occupation of the client in detail:

Comments (If any)

Signature of the Client	A/C Opening officer	Verified By Manager Operations	Approved By Head of CDBL:
	Signature (with Seal)	Signature (with Seal)	Signature (with Seal)
	Name:	Name:	Name:
	Date:	Date:	Date: