

“শেয়ারবাজারে বিনিয়োগ ঝুঁকিপূর্ণ, জেনে ও বুঝে বিনিয়োগ করুন।”

"MTB Green Cap"

a complete clients' option

ACCOUNT OPENING FORM



A Mutual Trust Bank Company

Fees and Charges Schedule of Investor

Particulars	Criteria	Amount
Documentation Charge (Tk.)	One off	500
Settlement Fee (%)	On Transaction	0.40

Other Charges

Charges	Amount
Other Depository Services	At Actual
Fund Netting	Allowed
Electronic Trade (quarterly)	Free
Tax Investment Certificate	Free
Statement Notification [Mail-(quarterly)	Free
Tele Trading SMS	Free
CDBL Fees	500 (per year)



MTB Green Cap Account Opening Form

ACCOUNT NUMBER

Date:

INDIVIDUAL ACCOUNT

INSTITUTION ACCOUNT

MARGIN

JOINT ACCOUNT

OTHERS

NON-MARGIN

Please complete all details in Capital Letters

PRINCIPAL APPLICANT

Name

Father's Name

Mother's Name

Spouse Name

Date of Birth

Date of Incorporation

Relation with Joint Applicant

Nationality

Operation Type Singly

Jointly

Operator

Profession/Service Details

Telephone No(s) Office

Telephone No(s) Res

Mobile

E-mail Address

Mailing Address

Parmanent Address

Voter ID Card No.

Date of Issue

Passport No.

Date of Issue

Date of Expiry

TIN

Bank A/C Details (Must be filled)

A/C Number

Bank

Branch



MTB Green Cap Account Opening Form

ACCOUNT NUMBER

Date:

- INDIVIDUAL ACCOUNT INSTITUTION ACCOUNT MARGIN
 JOINT ACCOUNT OTHERS NON-MARGIN

Please complete all details in Capital Letters

JOINT APPLICANT

Name	<input type="text"/>
Father's Name	<input type="text"/>
Mother's Name	<input type="text"/>
Spouse Name	<input type="text"/>
Date of Birth	<input type="text"/>
Date of Incorporation	<input type="text"/>

Relation with Joint Applicant	<input type="text"/>
Nationality	<input type="text"/>
Operation Type	<input type="checkbox"/> Singly <input type="checkbox"/> Jointly <input type="checkbox"/> Operator
Profession/Service Details	<input type="text"/>
Telephone No(s) Office	<input type="text"/>
Telephone No(s) Res	<input type="text"/>
Mobile	<input type="text"/>

E-mail Address	<input type="text"/>
Mailing Address	<input type="text"/>
Parmanent Address	<input type="text"/>
Voter ID Card No.	<input type="text"/>
Date of Issue	<input type="text"/>
Passport No.	<input type="text"/>
Date of Issue	<input type="text"/>
Date of Expiry	<input type="text"/>
TIN	<input type="text"/>

Bank A/C Details (Must be filled)

A/C Number	<input type="text"/>
Bank	<input type="text"/>
Branch	<input type="text"/>

PARTICULARS OF NOMINEE

01. Name:

Address:

Relation:

Date of Birth:

Share (%):

Nominee Signature: ✓

02. Name:

Address:

Relation:

Date of Birth:

Share (%):

Nominee Signature: ✓

03. Name:

Address:

Relation:

Date of Birth:

Share (%):

Nominee Signature: ✓

SIGNATURE OF THE APPLICANT (S)

Principal Applicant

✓

Joint Applicant

✓

PHOTOGRAPH & DOCUMENT REQUIRED

Single/Joint Applicant

1. 2 copy passport size photograph of each applicant
2. Copy of passport/Voter ID Driving License & Bank Statement
3. 1 copy photograph of each nominee attested by the applicant
4. 2 copy photograph of the operator attested by the applicant

Require Document for Corporate Account

Primary Documents:

1. Photograph(s) of the managing director/s (3 copy) all of the partners/ members of the governing bodies attested by the introducer/relationship manager
2. National ID card/applicant valid passport copy/TIN certificate/driving license
3. Certificate with attached photograph/photographed ID card (from organization/ institution/municipality)
4. Bank certificate/latest bank statement (6 months - 1 year)

Additional Documents

Documents for proprietary Business:

1. Copy of valid trade license
2. 1B-a permission from Bangladesh Bank (for GSA & agent only)
3. Photograph of authorized signatory (if any) attested by the principal applicant
4. If nominee is mentioned, the nominee's signature, attested photograph etc. (2 copy) should be taken

Documents for Limited Liability Company

1. Copy of valid Trade License
2. Copy of RJSC Certified Memorandum and Article of Association
3. Copy of RJSC certified certificate of incorporation and commencement of business (for Public Ltd. Co.)
4. Latest copy of Form XII
5. List of Directors along with addresses
6. List of authorized signatories along with addresses
7. Copy of board resolution to open the account and authorization for operation

Letter of authorization



Dear Sir, I/we..... H/O, W/O, S/O, D/O of hereby notify you that the person whose names and signatures(hereby certified as true) are set out below are each appointed to be an authorized person as defined in the agreement.

Name of the authorized Person	Designation,	Specimen Signature
		✓
		✓

I/we hereby acknowledge and confirm that the authorized person(s) has full power and authority on my/our behalf to issue and to singly/any two jointly on instructions, directions and other communications to you in connection with the services being or to be carried out by you under pursuant to the agreement.

✓

Signature of Client

✓

Signature of Client

➤ Officer or director of any stock exchange/listed company

Yes

No

➤ If Yes, Name/ Address of the stock exchange/listed company:

CDBL Bye Laws

BO ACCOUNT OPENING FORM

(Bye Law 7.3.3 (b))

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

Application No

Date (DDMMYYYY) / / 20

Please Tick Whichever is Applicable

Bo Category: Regular Omnibus Clearing Bo Type: Individual Company Joint Holder

Name of CDBL Participant (Up To 99 Characters)		MTB CAPITAL LIMITED	
CDBL Participant ID	BO ID	Date of Account Opening (DDMM/YYYY)	
<input type="text" value="50700"/>	<input type="text" value="16050700"/>	<input type="text"/>	

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)		<input type="text"/>
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. (Mrs.) /Dr
<input type="text"/>		<input type="text"/>
(In case of a Company/Firm/Statutory Body) Name of Contact Person		<input type="text"/>
In Case of Individual	Male <input type="checkbox"/> Female <input type="checkbox"/>	Occupation (30 Characters)
Father's / Husband's Name		<input type="text"/>
Mother's Name		<input type="text"/>

2. Contact Details:

Address			
<input type="text"/>			
City	Post Code	State / Division	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Mobile Phone	Fax	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Passport Details:

Passport No	Issue Place	Issue Date	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Bank Details:

Bank Name	Branch Name	Account No
<input type="text"/>	<input type="text"/>	<input type="text"/>
Electronic Dividend Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Exemption if any: Yes <input type="checkbox"/> No <input type="checkbox"/>	TIN / Tax ID: <input type="text"/>

5. Others Information

Residency: Resident <input type="checkbox"/> Non Resident <input type="checkbox"/>	Nationality	Date Of Birth (DDMMYYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Statement Cycle: Code Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Please Specify)	<input type="text"/>	
Internal Ref. No (To be filled in by CDBL Participant)		
In Case of Company :		Date of Registration (DDMMYYYY)
Registration No		<input type="text"/>

6. Joint Applicant (Second Account Holder)

Name in Full (Up to 99 Characters)		<input type="text"/>
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.
<input type="text"/>		<input type="text"/>

CDBL Bye Laws

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)

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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 filled 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 lodged 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 <input type="checkbox"/>	Trading ID <input type="checkbox"/>	CSE <input type="checkbox"/>	Trading ID <input type="checkbox"/>
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11. Photograph

<p>Please paste recent passport size Photograph of 1st Applicant or Authorized Signatory in case of Limited Co. Only</p>	<p>Please paste recent passport size Photograph of 2nd Applicant or Authorized Signatory in case of Limited Co. Only</p>	<p>Please paste recent passport size Photograph of Authorized Signatory in case of Limited Co. Only</p>
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1st Applicant or Authorized Signatory in case of Ltd. Co.

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

Applicant or Authorized Signatory in case of Ltd. Co.

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

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 terminate and further action.

Applicants	Name of applicants / Authorized signatories in case of Ltd Co.	Signature with date
First Applicant		✓
Second Applicant		✓
3 rd Signatory (Ltd.Co. only)		✓

14. Special Instructions 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	MTB CAPITAL LIMITED. (Depository Participant's Name)
I confirm the identity, occupation and address of the applicant (s) _____	
_____ (Signature of introducer)	Introducer's Name _____ Account ID <input type="checkbox"/>

Central Depository Bangladesh Limited (CDBL)
Depository Account (BO Account) opened with CDBL Participant
Terms & Conditions-Bye Laws 7.3.3(c)

To
MTB Capital Limited
MTB Tower (Level-3)
111 Kazi Nazrul Islam Avenue
Bangla Motor, Dhaka-1000

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 MTB Capital 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 Regulations, 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 the 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 the 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 form 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 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 authorised remains a minor at the time of my/our death, the legal guardian is authorised to receive/draw the securities held in my/our account.
 - (c) The nominee so authorised, 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 instructions or mandate of the Account Holder or that of such parson(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 instruction 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 or his/her 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 or 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 relate 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 al other grievances / complaints of the Account Holder on the same being brought to the notice of the CDBL Participant and shall endeavour 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 Securities and Exchange Commission.
- (c) Commits or participates in any fraud or other act of maral turpitude in his/its dealings with the CDBL Participant;
- (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 / Authorized signatories in case of ltd Co.	Signature with date
First Applicant		✓
Second Applicant		✓
3 rd Signatory (Ltd Co. only)		✓

CDBL Bye Laws

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 - 20.

Application No

Date (DDMMYYYY)-_____/_____/201

(Name of CDBL Participant) **MTB CAPITAL LIMITED** CDBL Participant ID:
5 0 7 0 0

Account Holder's BO ID

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

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

1. Nominee/Heirs Details

Nominee 1
Name in Full

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

Relationship with A/C Holder Percentage (%)

Address

City _____ Post Code _____ State / Division _____ Country _____

Telephone _____ Mobile _____ Fax _____ E-mail _____

Passport No _____ Issue Place _____ Issue Date _____ Expiry Date _____

Residency: Resident Non Resident Nationality _____ Date of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)
Name in Full

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

Relationship with Nominee _____ Date of Birth of Minor (DDMMYYYY) _____ Maturity Date of Minor (DDMMYYYY) _____

Address

City _____ Post Code _____ State / Division _____ Country _____

Telephone _____ Mobile _____ Fax _____ E-mail _____

Passport No _____ Issue Place _____ Issue Date _____ Expiry Date _____

Residency: Resident Non Resident Nationality _____ Date of Birth (DDMMYYYY)

CDBL Bye Laws

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. Ms.

Relationship with Holder..... Percentage(%).....

Address.....

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

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

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

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

Guardian's Details (if Nominee is a Minor)

Name in Full.....

Short Name (insert full name starting with Title i.e. Mr / Mrs / Ms / Dr, abbreviate only if over 30 characters)

Relationship with Nominee..... Date of Birth of Minor (DDMMYYYY)..... Maturity Date of Minor (DDMMYYYY).....

Address.....

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

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

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

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

2. Photograph of Nominees / Heirs

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 2		✓
Guardian 2		✓
First Account Holder		✓
Second Account Holder		✓

KYC Profile Form

1. Account Name:

2. Type of Account:

3. Account or Reference No.:

4. Name of Account Opening Officer:

5. Source of Income/Fund:

.....

.....

6. Detailed information of the Beneficial Owner (in case of company; information of the controlling shareholder and/or whoever owning 20% or more share of the company):

.....

.....

.....

7. Passport Number: Photocopy Obtained? Yes No Not applicable

8. National ID Card No.: Photocopy Obtained? Yes No Not applicable

9. TIN: Photocopy Obtained? Yes No Not applicable

10. VAT Reg. No.: Photocopy Obtained? Yes No Not applicable

11. Driving License: Photocopy Obtained? Yes No Not applicable

12. Employers ID card: Photocopy Obtained? Yes No Not applicable

13. Non-resident and Foreigner Accounts:

Reason for opening Account:

Type of Visa (Resident/Work):

14. Risk category on Profession/Business:

Sl. No.	Category	Risk Level	Rating
1	Jewelry/Game trade	High	5
2.	Money Changers/Couner service agent	High	5
3.	Real Estate Agents	High	5
4.	Construction Promoter of projects	High	5

Sl. No.	Category	Risk Level	Rating
5	Offshore Corporation	High	5
6	Art/Antique dealers	High	5
7	Restaurant/Bar/Casino/Night Club owners	High	5
8	Import/Export Agent	High	5
9	Cash Intensive Business (Cash deposit>25 lacs in a month)	High	5
10	Share/Stock dealer	High	5
11	Manpower Business	High	5
12	Operations in Multiple Locations	High	5
13	Film Production/Presentation Organization	High	5
14	Arms Dealer	High	5
15	Mobile Phone Operator	High	5
16	Traders with a turnover of more than 1 crore per annum	High	4
17	Travel Agents	High	4
18	Transport Operator	Medium	5
19	Auto Dealer (Reconditioned Cars)	Medium	3
20	Leasing/Finance Company	Medium	3
21	Freight/Shipping/Cargo Agents	Medium	3
22	Insurance/Brokerage Agency	Medium	3
23	Religion Organization/Institution	Medium	3
24	Amusement Organization/ Park	Medium	3
25	Motor parts business	Medium	3
26	Tobacco & Cigarette business	Medium	3
27	Auto Primary (New car)	Low	2
28	Shop Owner (Retail)	Low	2
29	Business Agents	Low	2
30	Small Trader (Turnover less than 50 lacs per annum)	Low	2
31	Self Employed Professionals	Low	2
32	Corporate Customers	Low	2
33	Constructions Material Business	Low	2

Sl. No.	Category	Risk Level	Rating
35	Software Business	Low	1
36	Manufacturers (other than arms)	Low	1
37	Retired from service	Low	0
38	Service	Low	0
39	Student	Low	0
40	House wife	Low	0
41	Farmer	Low	0
42	Others.....(Company will decide the risk level according type)		

15. Net Worth of Customer:

Amount in Taka	Risk Level	Risk Rating
1 - 15 Lacs	Low	0
15 lacs - 1 crore	Low-Medium	1
1 - 5 crore	Medium-High	3
Above 5 crore	High	5

16. How was Account opened?

How	Risk Level	Risk Rating
By Relationship Manager/Branch	Low	0
Through Sales Agent	Medium	3
Unsolicited/Walk-in	High	5

17. Have customer's Addresses been verified? Yes No

18. If yes, How was verified?

.....

19. Politically Exposed Persons (PEPs)*

a. Are the Applicant(s) PEPs: Yes No

b. If Yes, Has approval been obtained from Senior Management? Yes No

c. Source of Fund/Wealth:

.....

d. Was any face to face interview held with the customer? Yes No

Prepared by:	Approved by:
Account Opening Officer/RM	Branch Manager/Branch Head of Operation
✓ Signature (with seal)	✓ Signature (with seal)
Name:	Name:
Date:	Date:

* Individuals who are or have been entrusted with prominent public functions in a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials. Business relationship with family members or close associates of PEPs involve reputational risks similar to those with PEPs themselves.

- A.M.L. Circular No. 14, Dated 25/09/2007, issued by Anti Money Laundering Department, Bangladesh Bank

20. When the information of the account was reviewed & updated for the last time:

Name of Reviewing & Updating Officer:
✓ Signature:
Date:

<hr/>
Date & Signature of Compliance Officer

<hr/>
Date & Signature of CEO



MTB
CAPITAL LTD.
You can invest with us

Account Number

Full Name (in BLOCK LETTER)

Product Name

Principal Applicant

Joint Applicant



FATCA STATUS DECLARATION FORM (For Non U.S.)
(Individual and Entity Account)

Account Number:

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Date:

--	--	--	--	--	--	--	--	--	--

Chief Executive Officer
MTB Capital Limited
111, Kazi Nazrul Islam Avenue
Bangla Motor, Dhaka-1000.

Dear Sir/Madam,

I/We hereby declare and agree that **a)I am b)we are c)my entity is d)our entity is** (please tick the appropriate) "**Non U.S.**" for U.S. federal income tax purposes and that **a)I am b)we are c)my entity is d)our entity is** (please tick the appropriate) not acting for or on behalf of a U.S. person/ entity.

I/We hereby acknowledge that the statement given above is true and accurate. In any event if this statement is identified as false, MTB Capital Ltd. reserves the right to treat the account as per the directions of FATCA.

I/We hereby consent for MTB Capital Ltd. to share my/our/ our entity information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction (if required).

I/We agree and undertake to notify MTB Capital Ltd. within 30 calendar days if there is a change in any information which I/we have provided.

Name, Signature and Date

Name, Signature and Date

MTB Capital Limited

ASSESSMENT OF CUSTOMER'S FATCA CLASSIFICATION (INDIVIDUAL)

Account Number:

Account Title:

* Relationship with the account:

* Name of the Individual Assessed:

* CRM Number:

FATCA status of above mentioned Individual:

Indicia of U.S. Status	Status
Is the nationality stated as "American"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the place of birth stated as "United States"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual have U.S. Green Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the individual a U.S. resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the individual provided any standing instructions to transfer funds to an account maintained in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual have a U.S. address (including P.O. Box) or U.S. phone number or U.S. e-mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the individual granted Power of Attorney to someone who has a U.S. address or U.S. phone number or U.S. e-mail address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any "hold mail" status or "in care of" address that is the sole address for this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual receive payments sourced from USA? That is Interest, Dividend, Rent, Payment for services (salaries) and any other Fixed Determinable Annual Periodical [FDAP] income.	<input type="checkbox"/> Yes <input type="checkbox"/> No

As per the above information and declaration of the individual, the FATCA classification of the individual is:

U.S Non U.S

I declare that the required account opening checks have been performed for the above mentioned individual based on the information and documents received at the time of opening the account.

Customer Service Officer	BAMLCO
Signature : (with seal)	Signature : (with seal)
Name :	Name :
Date :	Date :

** Applicable for Guardian, Mandate and Proprietor, Partner, Signatory, Director and Beneficial Owner of the entity.*