

BANGLADESH FUND
Asset Manager: ICB Asset Management Co. Ltd.
(A Subsidiary of ICB)
APPLICATION FORM TO PURCHASE UNITS

To be filled in by Issuing Office

Issuing Office Stamp	Sale Day
	Date of Issue
	Registration No. BDF/
	Sale Number :
Certificate Number(s) :	
..... Signature of the Officer with date	

To be filled in by the Applicant(s)

Date:

(Please write clearly and delete words not applicable.)

I/We enclose Tk. _____ (Taka _____
_____)* Cash/Cheque/P.O./D.D.No _____

Bank _____ Branch _____ and request you to sell me/us _____ Units of
Bangladesh Fund at the price of Tk. _____ per unit (Prevailing on the Sale Date) for application.
I/We already hold /do not hold _____ Units and my/our Registration No is BDF/ _____

I/We am/are not minor (s).

All payments in connection with or arising out of the Units hereby applied for shall be payable in Bangladeshi Taka only including income distribution and/or repurchase price. I/We do hereby undertake that I/We and my/our heirs will not at any time or in any shape claim repatriation from Bangladesh of sale proceeds of these Units and income accrued thereon. I/We the undersigned do also hereby declare that the money which is being invested for the purchase of **Bangladesh Fund** is not earned /collected directly or indirectly in illegal way.

(BLOCK LETTERS PLEASE)

Principal Holder

1. Signature: _____
Name (Individual/Institution): _____

Father's/Husband's Name: _____

Mother's Name: _____
** Occupation/ Designation: _____
Nationality _____
Address _____

Telephone No: _____

Joint Holder (if any)

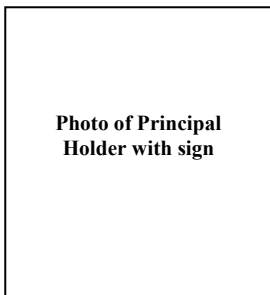
2. Signature: _____
Name (Individual): _____

Father's/Husband's Name: _____

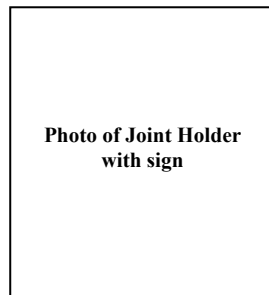
Mother's Name: _____
** Occupation/ Designation: _____
Nationality _____
Address _____

Telephone No: _____

Specimen Signature of Principal Holder



Specimen Signature of Joint Holder (if any)



* Purchasers sending application by post should leave this space blank for completion by the issuing Office on Sale Day subject to refund of unadjusted portion of the remittance.
** For occupation classification please see reverse
*** Read terms & conditions on reverse

TERMS & CONDITIONS

1. Units will be sold through ICB AMCL Head Office, Authorized Bank Branches including ICB Branches on all working days except Thursday and book closer period declare by office. The acceptance of any application shall be delayed until the realization of any Cheque enclosed with it. As the clearance of Cheques drawn on banks in towns other than that of the Issuing Office may take a long time, the applicants are advised to send a Bank Draft or a Pay Order.
2. Cheques, Pay Orders and Bank Drafts should be crossed and made payable to the Issuing Office concerning **Bangladesh Fund**.
3. Registration Number is issued to the Unit Holders. The existing Unit Holder is required to mention the previous Registration Number on the specified column of the Application Form when he intends to buy more units. More than one Registration Number is not issued to the same Unit Holder. Upon Registration of a sale, Unit-Holders will be issued with Unit Certificates. The certificates are available in denomination (s) of 1, 5, 10, 20, 50, 100, 250, 500,1000, 5000 and 10000 Units. The fewest possible number of Certificates will be issued against each application.
4. Units will be registered in the name (s) of the Applicant (s), Joint Holders, Institutions will be registered provided that Application Form is duly completed and signed by all Joint Holders or both Signatory (in case of Institution). Dividend and any other payment/benefits (if any) will be issued in favour of Principal Holder only. In case of the death of any of the Joint Holders, only the survivor shall be recognized as having any title to the Units. But absolutely on death of the Principal Holder as well as both the Joint Holders the units and entitlements will bestow upon the Nominee(s) if any mentioned in the Nominee Form (BDF Unit-KA(1)). Principal Holder as well as Joint Holders can change the nominee through submitting application of Nominee Form to the authority where previously submitting Nominee Form will be automatically cancelled.
5. Application (s) by Institution, Charitable Organization / Provident Fund/Trust Fund must be accompanied by the relevant documents authorizing investment in Units such as Incorporation Certificate, Extract of Board Regulation, Memorandum and Articles of the Company, Trust Deed, Society Registration Certificate, TIN Certificate, Relevant Document if Board Resolution is not required, Bye-Laws of the Society, a Resolution by the Management Body and Power of Attorney in favor of the person (s) signing the Application (s).
6. **Cumulative Investment Plan (CIP):** Under this scheme, Unit Holder might reinvest dividend income accrued thereon for purchasing unit at a concessional rate instead of receiving cash dividend. In this case new units would be issued at Tk. 1.less than the opening price of the next financial year.
7. Unit Holder's must be provide the Bank Account No. and address of Bank Branch.

Account No..... Bank-----Branch-----
 Address : ..-----

8. Purchase of Units under Cumulative Investment Plan (CIP) in lieu of Cash dividend (√)	<input type="checkbox"/>	<input type="checkbox"/>	
9. Occupation may be classified as under		<input type="checkbox"/>	<input type="checkbox"/>
a. Civilian	<input type="checkbox"/>	i. House-Wives	<input type="checkbox"/>
b. Govt. Salaried	<input type="checkbox"/>	j. Working Women	<input type="checkbox"/>
c. Non-Govt. Servants.	<input type="checkbox"/>	k. Workers	<input type="checkbox"/>
d. Defense Personnel	<input type="checkbox"/>	l. Student	<input type="checkbox"/>
e. Professions-Legal, Medical and Engineering etc.	<input type="checkbox"/>	m. Bangladeshi Residing Abroad	<input type="checkbox"/>
f. Retired Personnel	<input type="checkbox"/>	n. Foreign National	<input type="checkbox"/>
g. Businessmen	<input type="checkbox"/>	o. Scientist	<input type="checkbox"/>
h. Agriculturists	<input type="checkbox"/>	p. Miscellaneous.	<input type="checkbox"/>
10. Type of Institution: Local Company <input type="checkbox"/>	Foreign Company <input type="checkbox"/>	Trust <input type="checkbox"/>	Society <input type="checkbox"/>
	Other <input type="checkbox"/>		
11. Documents (Attested) enclosed			
a. Incorporation Certificate	<input type="checkbox"/>	e. National ID (If any)	<input type="checkbox"/>
b. Trust deed	<input type="checkbox"/>	f. TIN Certificate (Institution)	<input type="checkbox"/>
c. Society Registration certificate	<input type="checkbox"/>	g. Extract of the Board Resolution	<input type="checkbox"/>
d. Memorandum and Articles of Association	<input type="checkbox"/>	h. Relevant Document if Board Resolution is not required	<input type="checkbox"/>
		i. Letter of Authority issued in favor of authorized person/ signatory	<input type="checkbox"/>

 Sign of Principal Holder with date

 Sign of Joint Holder (if any) with date

Received Certificates for _____ Units as mentioned overleaf

.....
 (Sign of Applicant/ Authorized Agent with date)

BANGLADESH FUND
Asset Manager: ICB Asset Management Co. Ltd.
(A Subsidiary of ICB)
APPLICATION FORM FOR NOMINEE

To
Issuing Office Stamp

Nominee Control Number :
 (To be filled in by Issuing Office)

Date:

I/We already hold _____ Units and my/our Registration No is BDF/ _____
 I/We nominate the following person(s) who is/are entitled to receive unit certificate and all other entertainment outstanding in connection with my/our aforesaid Registration Number in the event of the death of the Principal Holder/Joint Holder.

BLOCK LETTERS PLEASE

Photograph of Nominee (Attested by Principal Holder)	Name and Address of Nominee	Date of Birth	Age	Relation with Principal Holder	Signature of Nominee
	Name : Address :				
	Name : Address :				

Guardian's Details (If Nominee is Minor)

Photograph of Guardian (Attested by Principal Holder)	Name and Address of Guardian	Age	Relation with Nominee	Signature of Guardian
	Name : Address :			

Principal Holder	Joint Holder (if any)
1. Signature: _____ Name (Individual) _____ Reg. No. _____ Telephone No _____	2. Signature: _____ Name (Individual) _____ Telephone No _____

 Signature Verified by Officer with Date

 Signature of the Authorized Officer with date