## **Prime Bank Securities Limited**

Peoples Insurance Bhaban (13<sup>th</sup> floor) 36 Dilkusha C/A, Dhaka-1000

## FUND WITHDRAWAL REQUISITION

Date: D D M M Y Y Y Y	OFFICE COPY												
Account No:	Account Type: Margin Non-margin												
Account Name:													
Amount to be withdrawn: Tk.													
In words taka:													
Payment Instruction: BEFTN Cheque Routing No.													
13-digit Bank A/C Number :													
Bank Name:	Br. Name:												
For office use only													
Signature and bank details Verified													
( Authorized Signature )	A/C Holder's Signature												

## **Prime Bank Securities Limited**

Peoples Insurance Bhaban (13<sup>th</sup> floor) 36 Dilkusha C/A, Dhaka-1000 **Tel:** 9513396-97, **FAX:** 088-2-9566912

## FUND WITHDRAWAL REQUISITION

Date:	D	D	Μ	Μ	Y	Y	Y	Y					Cl	LIEN	NT CO	PY/A	AUTI	HOI	RIZA	ΓΙΟΝ
Account No:									Account Type: Margin						Non-margin					
Account Name:																				
Amou	nt to	be v	with	draw	n: T	K.														
In wor	ds ta	ıka:																		
I do hereby authorize Mr./Ms.										to collect my cheque										
on behalf of me. His/Her specimen signature is attested below:									Attested											
								(.	Αu	ıthorized	Perso	on's Si	gnatu	ire)	(.	A/C	Hold	er's	Sign	ature)