শেয়ার বাজারে বিনিয়োগ ঝুকিপূর্ণ । জেনে ও বুঝে বিনিয়োগ করুন

"Interested persons are entitled to a prospectus, if they so desire. Copies of prospectus may be obtained from the issue manager"

IFAD Autos LTD. APPLICATION FORM

APPLICATION FOR SHARES BY AFFECTED SMALL INVESTORS (¶wZMÖ¯— ¶z`a wewb‡qvMKvix)

Warning: Please read the instructions on the back of this form. Incorrectly filled Applications or Applications failing to comply with any of the instructions therein may be rejected.

The Managing Director	y with any or the m	structions therein i	nay oc rejecti	<u></u>			
IFAD Autos Limited				Bankers Sl. No.			
Sonar Tori Tower (15th & 16th Floor)							
12, Bipanan C/A, Sonargaon Road Dhaka-1000							
Dear Sir,	4		1				
I/we apply for and request you to allot							
smaller number that may be allotted to Exchange Commission subject to the M							
to place my/our name(s) on the Reg							
Beneficiary Owner ("BO") account; I/v							
any Application money refundable to m							
1. No. of Ordinary Shares	of Tk. 10.00 ea	ich at Tk.30.00inc	luding premit	um of Tk. 20.	00per share.		
2. Amount of Tk. (in figures)	Taka (in words)			only deno	sited '	vide
cash/Cheque/Draft/Pay Order No							
Bank							
3. Beneficiary Owner (BO) A/C No.							
(If you do not mention your valid BO A/C	No. your application	n will be treated as	invalid)				
4. I/we agree to fully abide by the instru	uctions given herein						
5. Particulars of Applicant							
a) Sole/First Applicant							
Name:							
Father's/Husband's Name: Mother's Name:							
Postal Address:							
Phone Number* (If any):							
Occupation:		Nationality:					
For Refund Warrant: For Refund Warr							
this complication, investors are requested bank and branch.	ed not to use the nam	e of any non-sched	lule bank) plea	ase write the c	orrect and fu	ıll nam	ie of
For Refund Purpose: I/We want refund	l through□ Bank A	ccount* Trier/Ha	nd delivery (F	Please put tick	mark in wh	ich ref	und
will be made)				F			
Applicants Bank A/c no.							
Name of the Bank:		Branch:					
b) Second Applicant							
Name:							
Father's/Husband's Name: Mother's Name:							
Postal Address:							
Phone Number* (If any):							
Occupation:		Nationality:					
6. I/we hereby declare that I/we have						cribed	for
	k. 10.00 each at Tk.	30.00including pa	emium of Tk	. 20.00per sh	are.		
7. Specimen Signature(s):			I at				
(i) Name (in Block Letters)			Signature				
(ii) Name (in Block Letters)			Signature				
* In case of deposit into the applicants' band and the issuer shall simultaneously issue a least of the simultaneously issue a least of the simultaneously issue a least of the simultaneously issue as the simultaneously is the simultaneously issue as the simultaneously is the simultaneously in the simultaneously is the simultaneously in the simultaneously is the simultaneously in the simultaneously in the simultaneously is the simultaneously in th							
details of the bank through and to which ban			ing, among ou	iers, the date a	na amount re	initied	witti
		CKNOWLEDGEM	ENT				
Certified that this Bank has received	Tk (in figures)	(in	word		·····	only f	from
/Mrs./Ms							10111
		,	-				
Banker's SL. No. Seal	l & Date			Aı	uthorized Sig	nature	,

(Name & Designation)