"শেয়ার বাজারে বিনিয়োগ ঝুঁকিপূর্ণ, জেনে ও বুঝে বিনিয়োগ করুন" "Interested persons are entitled to a prospectus, if they so desire, and that copies of prospectus may be obtained from the issuer and the issue manager" Zaheen Spinning Limited

Application Form

APPLICATION FOR SHARES BY AFFECTED SMALL INVESTORS (ক্ষতিগ্রস্থ ক্ষুদ্র বিনিয়োগকারী)

Warning: Please read the instructions at 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 Zaheen Spinning Limited House No # 59/A, Road No # 12/A, (6 th & 7 th Floor), Dhanmondi, Dhaka-1209, Bangladesh.		Banker's Sl. No.		
Dear Sir, I/we apply for and request you to allot smaller number that may be allotted to Securities and Exchange Commission subauthorize you to place my/our name(s) o my/our Beneficiary Owner ("BO") accorrespect of any Application money refund below: 1. Number of Ordinary Shares	me/us upon the terms oject to the Memorandu on the Register of Memi unt; I/we further auth lable to me/us by post of Tk. 10.00 each	s of the Company's Prospectus at an Articles of Association of the per(s) of the Company and depositorize you to send a crossed (According to the first at my/our risk to the first hat per.	pproved by the Bangladesh he Company. Further, I/we the said ordinary shares in punt Payee only) cheque in stapplicant's address stated	
2. Total subscription money of the amount of Tk. (in figures)				
3. Beneficiary Owner (BO) A/C No.				
(If you do not mention your valid BO acc 4. I/ we agree to fully abide by the instruct 5. Particulars of Applicant(s): a) Sole/First Applicant		lication will be treated as invalid)	
Name:				
Father's/Husband's Name:				
Mother's Name:				
Mailing Address:				
Occupation: Nationality: Tel. No. (if any):				
For Refund: Please write the correct and full name of bank and branch (Application will not be treated as valid if anyone uses a				
non-scheduled bank. To avoid this complication, investors are requested not to use the name of any non-scheduled bank). For refund purpose: I/we want refund through Bank Account Hand Delivery/Courier (Please put tick mark in which refund will				
be made). The applicant shall provide with the same Bank Account number in the application form as it is in the BO account of the				
applicant. Otherwise the application will be considered invalid and the subscription money may be forfeited.				
Applicant's Bank A/C No.:				
Name of the Bank:		Branch:		
b) Second Applicant				
Name:				
Father's/Husband's Name:				
Mother's Name:				
Mailing Address:				
Occupation: Nationality: Tel. No. (if any):				
6. I/we hereby declare that I/we have rea		1 0	villingly subscribed for	
7. Specimen Signature(s):				
	Name in Block Let	ters	Signature	
Sole/First Applicant:				
Second Applicant:				
In case of deposit into the applicant's bapplicant's banker and the issuer shall sim date and amount remitted with details of	nultaneously issue a let the bank through and t	ter of intimation to the applicant co o which bank such remittance has	ontaining, among others, the been effected.	
	BANKER'S ACKNO			
Certified that this Bank has received Tk. (in figures)				
Mr./Mrs./Ms being the				
Banker's Sl. No.	Seal and Date	Authorized S	Authorized Signature	

(Name & Designation)