APPLICATION FORM

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

Hamid Fabrics Limited

APPLICATION FORM APPLICATION FOR SHARES BY INVESTORS OTHER THAN NON-RESIDENT BANGLADESHI(S)

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 Hamid Fabrics Limited									Bankers Sl. No.								
Hamid Tower (5th & 6th Floor), 24, Gulshan C/A, C	ircle-2, Dhaka-12	12															
Dear Sir,																	
I/we apply for and request you to allot me/us of the Company's Prospectus approved by the Ban I/we authorize you to place my/our name(s) on the authorize you to send a crossed (Account Payee of stated below:	gladesh Securitie Register of Memb	s and E er(s) of	xchange the Con	e Comm npany a	nission s nd depo	ubject sit the	to the N said or	/lemora dinary s	ndum ar hares in	nd Articles my Benefi	of Asso ciary O	ciation wner ("	of the 0 BO") ac	Company count; I/	v. Further, we further		
1 No. of Ordinary Sharesof T 2 Total subscription money of the amount of	Tk. (in figures)		,Tak	a (in w	ords)					only o	leposite	ed vide	cash/C	heque/D	raft/Pay		
Order NoDated	on		 I		Bank	T		Br	anch			1	1		1		
, , ,																	
	Particulars of Applicant (s):																
a) Sole/First Applicant																	
Name :																	
Father's/Husband's Name :																	
Mother's Name:																	
Postal Address :]		
Phone Number (if any):																	
Occupation :									Nationality:								
For Refund Warrant: Please write the correc avoid this complication, investors are reques For refund purpose: I/we want refund throug provide with the same Bank Account Numb invalid and the subscription money may be f Applicants Bank A/c no.	sted not to use the state of th	ne name	e of any Hand D	non-so elivery/	chedule Courier	d bank (Plea	k). ase put	tick m	ark in w	hich refund	d will be	e made). The a	applicar	t shall		
Name of the Bank :					Br	anch :											
b) Second Applicant Name:																	
Father's/Husband's Name :																	
Mother's Name:																	
Postal Address :																	
Occupation :	upation : Nationality								Telephone No. (If any):								
I/we hereby declare that I/we have read the 35.00 each includes a premium of Tk. 25.00 Specimen Signature(s):		MID FA	BRICS	LIMITE	D and h	ave wil	lingly s	ubscribe	ed for		No.	of Ordi	nary Sh	ares of			
Applicat : Name (in Block Letters)								Signature:									
2 nd Applicat : Name (in Block Letters)								Signa	Signature:								
In case of deposit into the applicant's bank accou issue a letter of intimation to the applicant containing effected.																	
		BAN	KERS'	ACKNO	WLEDO	EMEN	 IT										
Certified that this Bank has received Mr./Mrs./Ms	,	igures)				(in	word			MID FABRI) on	ly from		
Banker's SL. No.	Seal & Date							Authorized Signature									

(Name & Designation)