

# GMF SECURITIES LTD.

TREC HOLDER OF DHAKA STOCK EXCHANGE LTD.

(BSEC Reg. No. 31/DSE-186/2008/173)

Full Service Depository Participant (DP) of CDBL



## Account Opening Form

NAME :

CODE NO. : 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BOID NO. : 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CONTACT NO. :

Type of Account :  Cash  Margin  Link

**GMF SECURITIES LTD.**  
TREC NUMBER - 186  
**DHAKA STOCK EXCHANGE LTD.**

Room # 309, (2rd Floor) Stock Exchange Building,  
9/F, Motijheel C/A, Dhaka-1000, Bangladesh  
Phone : 9555178, 9561258, 7112099, 7113434  
PABX : 9564601, Ext-309

Please staple recent  
passport size  
photograph



# GMF SECURITIES LTD.

## Specimen Signature Card

TREC # 186  
DHAKA STOCK EXCHANGE LTD.

DP # 77  
Full Service Depository Participant

Title of the Account   
Customer Code No.   
Account Holder's BO ID: 

1	2	0	1	9	9	0	0							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Name of the Account Holder		Specimen Signature
First Applicant		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
Joint Applicant		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
For NRB A/C. Nominee		<input type="text"/>

Special instruction if any : .....

Signature of A/C Holder : .....

\_\_\_\_\_  
Verifying Officer

\_\_\_\_\_  
Authorised Signature & Seal



# GMF SECURITIES LTD.

TREC Number-186  
DHAKA STOCK EXCHANGE LTD.  
(BSEC Reg. No. 3.1/DSE-186/2008/173)  
Room # 309, Stock Exchange Building  
9/F, Motijheel C/A, Dhaka-1000, Bangladesh  
Phone : 9555178, 9561258, PABX :9564601, Ext-309

## CUSTOMER ACCOUNT INFORMATION FORM

Please staple  
recent Passport  
Size Photograph  
of  
First Applicant

Please staple  
recent Passport  
Size Photograph  
of  
Second Applicant

Customer Code #

“ শেয়ার বাজারে বিনিয়োগ ঝুঁকিপূর্ণ  
জেনে ও বুঝে বিনিয়োগ করুন। ”

Account Type : Cash ( ) : Margin ( ) Special Remarks if any : .....

Name of the Account Holder :

a) First Applicant : .....

b) Second Applicant : .....

Father's / Husband's / CEO's (in case of firm or company) Name : .....

Mother's Name : .....

Present Address .....

Permanent Address .....

Age : ..... Sex : Male/Female : .....

Tel #, (if any) : ..... Nationality .....

Name, with address of the authorized person of the Customer if applicable : .....

Officer or Director of any Stock Exchange/Listed Company ? YES ( ) No ( )

If yes, name of the Stock Exchange/Listed Company .....

Name & address of the person introducing the Customer, if any : .....

Special instruction if any : .....

Signature of the authorized person of the Customer, if any : ..... Date : .....

Signature of the person introducing the Customer : ..... Date : .....

Signature of the First Applicant : ..... Date : .....

Signature of the Second Applicant : ..... Date : .....

Signature of the TREC Holder / Director, Officer or, Manager accepting the account : .....

..... Date : .....



**GMF SECURITIES LTD.**  
TREC # 186  
Full Service DP-77, CDBL

**BO Account Opening Form**  
CDBL Bye Law 7.3.3 (b)

Room # 309, Stock Exchange Building  
9/F, Motijheel C/A, Dhaka-1000, Bangladesh  
Phone : 9555178, 9561258, PABX :9564601, Ext-309

**Form - 02**

Please complete all details in **CAPITAL** Letters. **Please fill all names correctly.** All communication shall be sent **only** to the First Named Account Holder's Correspondence address.

Application No. ....

Date (DDMMYYYY) .....

Please Tick whichever is applicable

BO Category : Regular  Omnibus  Clearing  BO Type : Individual  Company  Joint Holder

Name of CDBL Participant (Up to 99 Characters) **GMF SECURITIES LTD.**

CDBL Participant ID

BO ID

Date Account Opened (DDMMYYYY)

1 9 9 0 0

1 2 0 1 9 9 0 0

2 0

**I / We request you to open a Depository account in my / our name as per the following details:**

**1. First Applicant**

Name in full of Account Holder (Up to 99 Characters) .....

Short Name of Account Holder (Insert full name starting with Title i.e. Mr / Mrs./ Ms. / Dr. abbreviate only if over 30 characters

Title i.e. Mr./Mrs./Ms. Dr.

In case of a Company / Firm / Statutory Body) Name of Contact Person .....

In Case of Individual Male  Female  Occupation (30 Characters) .....

Father's/Husband's Name .....

Mother's Name .....

**2. Contact Details :**

Address .....

City ..... Post Code ..... State / Division ..... Country .....

Telephone ..... Mobile ..... Fax ..... E-mail .....

**3. Passport Details**

Passport No. .... Issue Place ..... Issue Date ..... Expiry Date .....

**4. Bank Details**

Routing No. .... Bank Name .....

Branch Name ..... 13 Digit Account No. ....

Electronic Divident Credit : Yes  No  Tax Exemption if any : Yes  No  TIN/Tax ID : .....

**5. Other Information**

Residency : Resident  Non Resident  Nationality : ..... Date of Birth (DDMMYYYY) .....

Statement Cycle Code Daily  Weekly  Fort nightly  Monthly  Other (Please Specify) .....

Internal Ref. No (To be filled in by CDBL Participant) .....

Date of Registration (DDMMYYYY)

In case of Company :

Registration No. ....

**6. Joint Applicant (Second Account Holder)**

Name in Full (Up to 99 Characters) .....

Short Name of Account Holder (Insert full name starting with Title i.e. Mr./Mrs./Ms./Dr, abbreviate only if over 30 characters

Title i.e. Mr./Mrs./Ms. Dr.

**7. Account Link Request**

Would you like to create a link your existing Depository account? Yes  No

If yes then please provide the depository BO Account Code (8 Digits):

**8. Nominees/Heirs**

If account holder(s) wish to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder/all the joint account holders, a separate nomination Form-23 must be filled up and signed by all account holders and the nominees giving names of nominees, relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided.

**9. Power of Attorney (POA)**

If account holder(s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form - 20 must be filled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form.

**10. To be filled by the Stock Broker/Stock Exchange in case the application is for opening a Clearing Account**

Exchange Name DSE  Trading ID ..... CSE  Trading ID .....

**11. Photograph**

Please staple recent Passport Size Photograph of 1st Applicant or Authorized Signatory in case of Limited Co. only	Please staple recent Passport Size Photograph of 2nd Applicant or Authorized Signatory in case of Limited Co. only	Please staple recent Passport Size Photograph of Authorized Signatory in case of Limited Co. only
1st Applicant or Authorized Signatory in case of Ltd. Co.	2nd Applicant or Authorized Signatory in case of Ltd. Co.	Authorized Signatory in case of Ltd. Co. Only

**12. Standing Instructions**

I/We authorize you to receive facsimile (fax) transfer instructions for delivery. Yes  No

**13. Declaration**

The rules and regulations of the Depository and CDBL participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name of Applicants / Authorized Signatories in case of Ltd. Co.	Signature
First Applicant		
Second Applicant		
3rd Signatory Ltd. Co. only		

**14. Special Instructions on operation of Joint Account**

Either or Survivor                     
  Any one can operate                     
  Will operate jointly  
 Account will be operated by ..... with any one of the others.

**15. Introduction**

<b>GMF SECURITIES LTD.</b>	
Introduced by an existing account holder of .....	
I Confirm the identity, occupation and address of the applicant(s) .....	
(Signature of Introducer)	Account ID <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="0"/>
	Introducer's Name

**Central Depository Bangladesh Limited (CDBL)**  
**Depository Account (BO Account) opened with CDBL Participant**  
**Terms & Conditions- Bye Law 7.3.3 (c)**



**GMF SECURITIES LTD.**

TREC Number -186

**CDBL DEPOSITORY PARTICIPANT (DP)-77**

Room # 309, Stock Exchange Building, 9/F, Motijheel C/A, Dhaka-1000.  
Bangladesh. Phone : 9555178, 9561258, PABX : 9564601, Ext-309

CDBL Participant, Dhaka / Chittagong / Sylhet, Bangladesh

Dear Sir,

Please open a Depository account (BO Account) in my/our name (s) on the terms and conditions set out below. In consideration of **GMF SECURITIES LTD.** ( The "CDBL Participant") opening the account providing depository account facilities to me/us. I/We have signed the BO Account Opening Form as a token of acceptance of the terms and conditions set out below.

1. I/We agree to be bound by The Depositories Act. 1999, Depositories Regulations, 2000, The Depository (User Regulations) 2003, and abide by the Bye Laws and Operating Instructions issued from time to time by CDBL.
2. CDBL shall allocate a unique identification number to me./us (Account Holder Bo ID) for the CDBL Participant to maintain a separate Account for me/us unless the I/we instructs the CDBL Participant to keep the securities in an Omnibus Account of the CDBL Participant. The CDBL Participant shall however ensure that my/our securities shall not be mixed with the CDBL Participant's own securities.
3. I/We agree to pay such fees, charges and deposits to the CDBL Participant, as may be mutually agreed upon, for the purpose of opening and maintaining my/our account, for carrying out the instructions and for rendering such other services as are incidental or consequential to my/our holding securities in and transacting through the said depository account with the CDBL Participant.
4. I/We shall be responsible for:
  - (a) The veracity of all statements and particulars set out in the account opening form, supporting or accompanying documents :
  - (b) The authenticity and genuineness of all certificates and/ or documents submitted to the CDBL Participant along with or in support of the account opening form or subsequently for dematerialization.
  - (c) Till to the securities submitted to the CDBL Participant from time to time for dematerialization;
  - (d) Ensuring at all times that the securities to the credit of my/our account are sufficient to meet the instructions issued to the CDBL Participant for effecting any transaction /transfer;
  - (e) Informing the CDBL participant at the earliest of any changes in my/our account particulars such as address, bank details, status, authorizations, mandates, nomination, signature, etc.
  - (f) Furnishing accurate identification details whilst subscribing to any issue of securities.
5. I/we shall notify the CDBL Participant of any change in the particulars set out in the application form submitted to the CDBL Participant at the time of opening the account or furnished to the CDBL Participant from time to time at the earliest. The CDBL Participant shall not be liable or responsible for any loss that may be caused to me/us by reason of my/our failure to intimate such change to the CDBL Participant at the earliest.
6. Where I/we have executed a BO Account Nomination Form
  - a) In the event of my/our death, the nominee shall receive/draw the securities held in my/our account
  - b) In the event the nominee so authorized remains a minor at the time of my/our death, the legal guardian is authorized to receive/draw the securities held in my/our account.
  - c) The nominee so authorized, shall be entitled to all my/our account to the exclusion of all other persons i.e., my/ our heirs, executors and administrators and all other persons claiming through or under me/us and delivery of securities to the nominee in pursuance of this authority shall be binding on all other persons.
7. I/we may at any time call upon the CDBL Participant to close my/our account with the CDBL Participant provided no instructions remain pending or unexpected and no fees or charge remain payable by me/us to the CDBL participant. In such event I/we may close my/our account by executing the Account Closing Form if no balances are standing to my/our credit in the account. In case any balances of securities exist in the account the account may be closed by me/us in one of the following ways.
  - (a) By rematerialization of all existing balances in my/our account:

- (b) By transfer of all existing balances in my/our account to one or more of my/our other account(s) hold with any other CDBL Participant(s).
- (c) By rematerialization of a part of the existing balances in my/our account and by transferring the rest to one or more of my/our other account (s) with any other CDBL Participant(s).

8. CDBL Participant covenants that it shall

- a) act only on the instructions or mandate of the Account Holder or that of such person(s) as may had been duly authorized by the Account Holder in that behalf.
- b) not effect any debit or credit to and from the caccount of the Account Holder without appropriate instructions from the Account Holder.
- c) maintain adequate audit trail of the execution of the instructions of the Account Holder.
- d) not honour or act upon any instructions for effecting any debit to the account of the Account Holder in respect of my securities unless.
  - (i) Such instructions are issued by the Account Holder under his signature or that of his/its constituted attorney duly authorized in that behalf;
  - (ii) The CDBL Participant is satisfied that the signature of the Account Holder under which instructions are issued matches with the specimen of the Account Holder or his/its constituted attorney available on the records of the CDBL Participant;
  - (iii) The balance of clear securities available in the Account Holder's account are sufficient to honour the Account Holder's instructions.
- e) Furnish to the Account Holder a statement of account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each financial year. The CDBL Participant shall furnish such statements at such shorter periods as may be required by the Account Holder on payment of such charges by the Account Holder as may be specified by the CDBL Participant. The Account Holder shall scrutinize every statement of account received from the CDBL Participant for the accuracy and veracity thereof and shall promptly bring to the notice of the CDBL Participant any mistakes, inaccuracies or discrepancies in such statements.
- f) Promptly attend to all grievances / complaints of the Account Holder and shall resolve all such grievances / complaints as it related to maters exclusively within the domain of the CDBL Participant and shall forward to and follo up with CDBL all other grievances/Complaints of the Account Holder on the same being brought to the notice of the CDBL Participant and shall endeavor the same at the earliest.

9. The CDBL Participant shall be entitled to terminate the account relationship in the event of the Account Holder;

- (a) Failing to pay the fees or charges as may be mutually agreed upon within a period of one month from the date of demand made in that behalf;
- (b) Submitting for dematerialization any certificates or other documents of title which are forged, fabricated, counterfeit or stolen or have been obtained by forgery or the transfer whereof is restrained or prohibited by any direction, order or decree of any court or the Securities and Exchange Commission;
- (c) Commits or participates in any fraud or other act or moral turpitude in his/ its dealings with the CDBL Participant;
- (d) Otherwise misconduct's himself in any manner.

10. Declaration and Signature

I/We hereby acknowledge that I/we have read and understood the aforesaid terms and conditions for operating depository Account (BO Account) with CDBL Participant and agree to comply with them.

Applicants	Name of Applicants/Authorized Signatories in case of Ltd. Co.	Signature with Date
First Applicant		
Second Applicant		
3rd Signatory (Ltd. Co. only)		



**Power of Attorney (POA) Form**

Please complete all details in CAPITAL letters. Please fill all names correctly. All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form-02

Application No. ....

Date (DDMMYYYY) .....

Name of CDBL Participant (Up to 99 Characters) **GMF SECURITIES LTD.**

CDBL Participant ID  
1 9 9 0 0

Account Holder's BO ID 1 2 0 1 9 9 0 0

Name of Account Holder (Insert full name starting with Title i.e. Mr./Ms/Dr, abbreviate only if over 30 characters)

[Grid for Name of Account Holder]

**Power of Attorney Holder's Details**

Name in Full : .....

Father's Name : ..... Mother's Name : .....

Short Name of Power of Attorney Holder (Insert full name a starting with Title i.e.Mr. / Mrs. /Ms/Dr, abbreviate only if over 30 characters) Title i.e. Mr. /Mrs.

[Grid for Short Name of Power of Attorney Holder]

**1. Power of Attorney Holder's Contact Details:**

Address .....

City ..... Post Code ..... State / Division ..... Country ..... Telephone .....

Mobile : ..... Fax ..... E-mail .....

**2. Power of Attorney Holder's Passport Details :**

Passport No..... Issue Place ..... Issue Date ..... Expiry Date .....

**3. Others Information of Power of Attorney Holder :**

Residency : Resident  Non Resident  Nationality..... Date of Birth (DDMMYYYY) [Grid]

Power of Attorney Effective From [Grid] To [Grid]  
D D M M Y Y Y Y To D D M M Y Y Y Y

Remarks (Insert reference to POA document i.e. Specific POA or General POA etc.) : .....

.....



**4. Photograph of Power of Attorney Holder**

**Please staple  
recent Passport  
Size Photograph**

(POA Holder)

**5. DECLARATION**

The rules and regulations of the depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/We have understood the same and I/We agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/ us or suppression of any material fact will render my /our account liable for termination and further action.

Applicants	Name of Applicants/Authorized Signatories in case of Ltd.Co.	Signature with Date
POA Holder		
First Applicant		
Second Applicant		
3rd Signatory (Ltd Co. Only)		



# **GMF SECURITIES LTD.**

**TREC NUMBER - 186**

**DHAKA STOCK EXCHANGE LTD.**

## **Head Office :**

Room # 309, (2rd Floor) Stock Exchange Building,

9/F, Motijheel C/A, Dhaka-1000, Bangladesh

Phone : 9555178, 9561258.

PABX : 9564601, Ext-309

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## **Extension of Main Office :**

**Bhuiya Center :** (3rd Floor)

68, Dilkusha C/A, Dhaka-1000

Phone : 7113434, 7112099

**Sara Tower** (gr. Floor)

North corner, Room #11/A,

Toyenbee Circular Road

Motijheel C/A, Dhaka-1000

Phone : 01817-118722

## **Branch Office**

### **Uttara Branch :**

Rajlaxmi Complex (5th Floor),

Plot # 25, Road # 7

Sector # 03, Uttara C/A,

Uttara Model Town, Dhaka-1230.

Mobile : 01925-895642

### **Lalmatia Branch :**

2/4 (Ground Floor), Block-G,

Lalmatia, Mohammadpur.

Dhaka-1207.

Phone : 8110141

### **Kawran Bazar Branch :**

Dhaka Trade Center

Apartment # 15-A (15th Floor),

99, Kazi Nazrul Islam Avenue

Kawran Bazar C/A, Dhaka-1215.

Phone : 8189440, 8189441

### **Narayangonj Branch :**

Gawsia Complex (1st Floor, East Side)

53/2, S. M. Maleh Road,

Tanbazar, Narayangonj-1400.

Mobile : 01712-806409

# BUY ORDER

Client's Name : .....

Account No.

To:

**GMF SECURITIES LTD.**

CORPORATE MEMBER OF DHAKA STOCK EXCHANGE LTD.  
FULL SERVICE DEPOSITORY PARTICIPANT

TREC # 186

**DHAKA STOCK EXCHANGE LTD.**

Room # 309, 9/F, Motijheel C/A  
Dhaka-1000, Bangladesh.

Phone : 9555178, 9561258  
PABX : 9564601, Ext-309

Date: .....

Time: .....

Dear Sir,

Please Buy on my/our behalf the following Securities

Name of Securities	Quantity	Max/Min Rate	Remarks

The above order is valid for ..... days from the date I/we have deposited Tk..... in advance

.....  
Client's Signature

Received Tk. .... in trust for execution of the order.

.....  
Signature of TREC Holder / Authorised Person



# GMF SECURITIES LTD.

## FULL SERVICE DEPOSITORY PARTICIPANT

Room # 309, Stock Exchange Building, 9/F, Motijheel C/A, Dhaka-1000  
Bangladesh. Phone: 9555178, 9561258, PABX: 9564601, Ext-309

Transaction Advice (Payout)

Exchange ID

Date: .....

BO ID

Code Number

Name of A/C holder (s) .....

To

**GMF SECURITIES LTD.**

Dear Sir,

Please Transfer the following ISIN from your Clearing A/C to my/our BO A/C as I/We Purchased on .....

ISIN	Issuer Company	Payout Quantity

Thanking you.

Client's Signature  
A/C No.....

Posted by (DP)

Approved by (DP)



# GMF SECURITIES LTD.

TREC HOLDER OF DHAKA STOCK EXCHANGE LTD.



TREC # 186

FULL SERVICE DEPOSITORY PARTICIPANT

Room # 309(2<sup>nd</sup> Floor), Stock Exchange Building, 9/F, Motijheel C/A, Dhaka-1000

Phone : 9555178, 9561258, PABX : 9564601, Ext-309

## SALE ORDER

From Client Mr./Mrs .....

Client Code No.

To

GMF SECURITIES LTD.

Date : .....

Dear Sir,

Please Sale the following Securities from my/our above mentioned Client Code:

Name of the Securities	Quantity	Price	Remarks

The above order is valid for ..... days from the date I/we have deposited the above Securities in advance.

Client's Signature .....

Received the above Securities in Trust for execution of the order.

Signature of the TREC Holder/Authorized Person



# GMF SECURITIES LTD.

TREC HOLDER OF DHAKA STOCK EXCHANGE LTD.

TREC # 186

FULL SERVICE DEPOSITORY PARTICIPANT

Room # 309(2<sup>nd</sup> Floor), Stock Exchange Building, 9/F, Motijheel C/A, Dhaka-1000

Phone : 9555178, 9561258, PABX : 9564601, Ext-309

## Pay in Transfer Form

CDBL Bye Laws

Form 21

Please complete all details in CAPITAL Letters. Please fill all names correctly. All communication shall be sent only to the first Named Account Holder's correspondence address.

Date (DDMMYYYY) .....

### 1. Transferor Details

Exchange ID	<input type="text" value="1"/> <input type="text" value="0"/>	BO ID	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BO Name .....					Client Code No .....				
ISIN				Issuer Company				Pay In Quantity	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2. Transferee Details

Trading ID/TREC Holder Code  Name of the TREC Holder **GMF SECURITIES LTD.**

### 3. DECLARATION

The Rules and regulation of the Depository and CDBL participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time such accounts. I/we also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of this transaction. I/we further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name of the Applicants/Authorized Signatories in case of Ltd. Co.	Signature with date
First Applicant		
Second Applicant		
Third Applicant (Ltd. Co. Only)		
POA Holder		
Nominee		

### 4. To be filled by the DP

BO ID (TREC Holder's Clearing A/C)

Client Code No.: ..... Pay In Quantity .....

DP ID:

TREC Holder's Name : **GMF SECURITIES LTD.**

The Pay In Quantity has successfully been transferred to the TREC Holder's Clearing A/C.

Name of the CDBL Participant  
**GMF SECURITIES LTD.**

DP Signature

Setup Date (DDMMYYYY) .....

These fields should be checked and matched with system-generated information