RASTI SECURITIES CONSULTANT LTD

Diganta Tower(4th Floor),12/1 R.K Mission Road,Dhaka-1203.

Fund Withdrawal Form

From

Date : | | | | | | | | |

Client's Name:

Trading A/C No: | | | | | |

Bank A/C No : **Bank Name:**

Mobile Number : **Branch Name:**

To,
The Managing Director
Rasti Securities Consultant Ltd.
Diganta Tower(4th Floor),1
2/1 R.K Mission Road,Dhaka-1203.

Subject: Request for issuance a cheque / BEFTN .

Tk.

The Sum Of Tk.

Dear sir,

Knowing all the information of my account (Share Sale, Buy, Fund Withdraw and Deposit), I hereby request you to issue a cheque/BEFTN for the above stated amount of money from my account.

Signature:

Date:

Authorization for Cheque Received

I/We authorized Mr./Mrs. _____ for receiving the cheque on my behalf.

Signature of Authorized Person: **Client's Signature:**

Approval (for Office Use Only)

We may issue an Account Payee cheque/BEFTN in favor of Mr./Mrs. _____

Of Tk. _____ Cheque No. _____

Prepared by **Checked by** **Authorized Signature** **Authorized Signature**

Cheque Received by:

Date: