

POWER OF ATTORNEY (POA) FORM

Signed Photograph of
1st Account Holder

To,
The General Manager
ROYAL CAPITAL LIMITED
Finlay House, Agrabad
Chittagong, Bangladesh.

BO A/C

1	2	0	1	5	9	0	0								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Dear Sir,

I / we	S/o
of	hereby authorize Mr/ / Mrs.
S/o	of
whose specimen signature is given below (hereinafter referred to as the	

"Account Operator" to exclusively deal, buy, sell, transfer shares, debenture, stocks, bonds and other securities on behalf of me / us with regard to the "Securities Account" / "BO Account" opened and maintained in my / our name with ROYAL CAPITAL LTD.(Hereinafter referred to as "RCL")

I / we hereby authorize and instruct the "RCL" to deal, buy sell, transfer shares, stocks, debentures, debenture stocks, bonds and other securities on verbal and / or written instructions of the " Account Operator".

I / we also authorize the "Account Operator" to place buy / sell orders, receive confirmation notes, received and deliver cheques / cash and / or shares, other securities on my / our behalf with regard to my "Securities Account" /" BO Account".

I/We also authorized the account operator to receive cash/cheque in favour of his name or as directed by account operator time to time.

I / we hereby declare that I / we am fully aware of all consequences of transaction that may be carried out on my / our behalf by the Account Operator are and shall take responsibility for all such transaction as that of my / our own. I / we shall fulfill and abide by all rules and regulation described in the "Securities Account Opening Form" duly completed and signed by me / us, with regard to all transaction carried out bythe " Account Operator" without and demur protest.

I / we hereby undertake and ensure to make good and compensate for any loss or damage incurred or sustained by the "Broker" for any reason what so ever as a result of any transaction carried out by the "Account Operator".

I/we also confirm taht account operator put his signature in front of me/us.

I/we request you to treat and consider this power of attorney until you receive written direction from me/us to the contrary.

POA Effective : from		To
Attested by Account Holder(s)		
Date		(Signature of Account Operator)

	Name	Signature
First A/C Holder		✓
Second A/C Holder		
Third A/C Holder		