



MTB
SECURITIES

MTB Securities Limited

Member # 197, Dhaka Stock Exchange Ltd.

Corporate Head Office : 7-B, Motijheel C/A, Dhaka-1000

Phone: +88 (02) 9570563, 9568163, 7125734

SALE ORDER

Order Date _____

Validity Date _____

Execution Date _____

Dear Sir,

Please Sell the following Shares in accordance with Rules and Regulations of Dhaka Stock Exchange Ltd.

Sl. No.	Name of Company	Quantity	Rate MR/ Fixed Price
1			
2			
3			
4			
5			
6			
7			
8			

Yours faithfully

Signature : _____

Name : _____

Code No. : _____

Authorized Signature



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Pay In Transfer Form

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 BO ID

* BO Name _____

ISIN	Issuer Company	Pay In Quantity

2. Transferee Details

Trading ID/Broker Code * Name of Broker: **MTB Securities Limited**

3. 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 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 applicants / Authorized signatories in case of Ltd Co	Signature with date
First Applicant		
Second Applicant		
Jst Signatory (Ltd Co. Only)		
POA Holder		

4. To be filled by the DP

*BO ID (Broker Clearing A/C)
 Internal Reference No _____ Pay In Quantity _____

DP ID *Broker Name **MTB Securities Limited**

The Pay In Quantity has successfully been transferred to the broker's clearing A/C.
 Name of the CDBL Participant

MTB Securities Limited

DP Signature _____

Date (DDMMYYYY) _____

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