TRANSACTION PROFILE

CIF			Date D	D M M Y Y Y
Account No.				
Pariticulars		Number of Deposits	Monthly Maximum Deposit Amount	Total Amount
DEPOSITS:		(Monthly)	(Each deposit) in Taka	(Monthly) in Taka
Cash (Including Online and ATM)				
Transfer/Instrument				
Foreign Inward Remittance				
Income from Export				
Receive/Transfer from BO (Capital Market)				
Others (Please specify)				
	Total Pr	obable Deposit		
Pariticulars		Number of withdrawal	Monthly Maximum withdrawal Amount	Total Amount
DEPOSITS:		(Monthly)	(Each withdrawal) in Taka	(Monthly) in Taka
Cash (Including Online and ATM)				
Payment through Transfer/Instrument				
Foreign Inward Remittance				
Payment against Import				
Deposit/Transfer to BO (Capital Market)				
Others (Please specify)				
	Total Prob	pable Withdrawal		
/We, the undersigned, hereby confirm that this Transact			sing out of the normal course of bu	siness of my/our organizatio
. Account Holder(s)/Account Operator(s) 2. Account H		older(s)/Account Operato	or(s) 3. Authorized Office	cer
Signature	Signature		Signa	ature
Name	Name		Name	
Designation — Designation			Designation	
Date	ote Date		Date	