|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BDBL Securities Limited**  **TREC- DSE -020 and CSE- 078**  **Office Copy** | | | | |
| **Name of Company:** JMI Hospital Requisite Manufacturing Limited | | | **Date:27/02/2022-03/03/2022** | |
| **Contact Person:** | |  | **Mob:** | |
| **Min Investment: 20,000Tk** at Market Price as on**16/02/2022** | | | Subscription  Amount (Tk.) | **Signature** |
| **SL No** | **Code No** | **Name** |
| 01 |  |  | 10010 |  |
| 02 |  |  | 10010 |  |
| 03 |  |  | 10010 |  |
| 04 |  |  | 10010 |  |
| 05 |  |  | 10010 |  |
| 06 |  |  | 10010 |  |
| 07 |  |  | 10010 |  |
| 08 |  |  | 10010 |  |
| 09 |  |  | 10010 |  |
| 10 |  |  | 10010 |  |
| 11 |  |  | 10010 |  |
| 12 |  |  | 10010 |  |
| 13 |  |  | 10010 |  |
| 14 |  |  | 10010 |  |
| 15 |  |  | 10010 |  |
| 16 |  |  | 10010 |  |
| 17 |  |  | 10010 |  |
| 18 |  |  | 10010 |  |
| 19 |  |  | 10010 |  |
| 20 |  |  | 10010 |  |

In words:

**Applicant Signature: Authorized Signature:**

**BDBL Securities Limited**

**(Client Copy)** **TREC- DSE- 020 and CSE-078**  Date:

Name of the Security…………………………………Total Amount Received………………………………..

In words…………………………………………………………………………………………………………

No of Application…………Customer IDs:……………………………………………………………………

**Received by: Checked by: Verified by:**