



COLUMBIA SHARES & SECURITIES LTD.

YOUR GROWTH IS OUR PRIORITY

REQUEST FOR FUND WITHDRAWAL	Date	D	D	M	M	Y	Y	Y	Y
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To			
Account Type	Margin	Non Margin	
Client Code			
BO ID			
Name of Account Holder			
Joint Account Holder			
Mobile Number		E-mail:	

Amount in Taka		Maximum	
Amount in Word			
Withdrawal Mode	CHEQUE	BEFTN	
Note: Bank charge may be applicable for BEFTN (where necessary)			

----- Signature of Client (First Applicant)	----- Signature of Client (Joint Applicant)
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FOR AUTHORIZATION TO COLLECT CHEQUE (IF ANY)	
Please deliver the cheque to my/our authorized person Mr. /Ms.....	
	Attested :
----- Signature of the Authorized Person	----- Signature of the Client

OFFICE USE ONLY		
Verified By (Signature)	Approving Authority (Signature)	Approving Authority (Signature)
BEFTN Bank Name	Bank A/C No.	Bank A/C Routing No.