

City Bank Capital Resources Ltd.
City Centre, 13th Floor, Level-14,
Unit ID: 13D, 90/1 Motiheel C/A,
Dhaka-1000, Bangladesh

Authorization Form

The Head of Portfolio Management Department
City Bank Capital Resources Limited

Date: _ _ / _ _ / _ _ _ _

Portfolio A/C No.: _____

Name:

I/We authorize the following person, whose signature is duly attested below, to collect the following document(s) on behalf of me/us:

Portfolio	Transaction	Tax certificate	Other (Specify)	

Name of the Authorized Person	Specimen Signature

Attested

Signature of the Account Holder

Signature of the Joint Holder

Please provide the checked document(s). Thank you very much.

Signature of the Account Holder

Signature of the Joint Holder