Form: 01

Fund Withdrawal Request (FWR) Form

Voucher No.: Voucher Date :

	ALCO DE L'ANDRE DE L'A			THE PARTY OF THE PARTY OF THE	
The Chief Exe				Date:	201
ICB Capital M Green City Edge (
89, Kakrail, Dhak					
Subject : Withd	rawal of Fun	d from Investment Acc	count No		
Dear Sir,					
It is for yo	our kind info	rmation that the cred	it balance of my/our	above menti-	oned account is
Tk	()
from my / o transfer or p executing th	ur said accou	nt. I/we promise that I/w is time, which may cau order requirement of fu at.	ve have not requested ye se shortfall in balance.	ou for executin It may be me	g any withdrawa ntioned that afte
solemnly de	clare that the for that. An	erefore, do hereby req information above are A/C payee cheque for t	true and if anything for	ound wrong, L	we shell be held
	I.A No.	Name of the Investo	rs Contact Numb	er Signature	(as per signature card)
Principal Holder:					
Joint holder:					
Operator:					
			aid account is sufficient for withdrawal.		
Sl. No.	Name of the Company		No. of Securities	Market pr	ice of Securities
1,					
2.					
3.					,
		ances withdrawal of T			t approval.
Prepared by	Che	ecked by	Audited by	DCEO Approv	CEO ving Authority
eceived the Chec	que bearing n	Acknowle umber I		for Tk	agair
A. NO		as on			
ate:				Chi	eque Received