ICB Capital Management Limited

Head Office: Green City Edge (5th & 6th Floor), 89, Kakrail, Dhaka.

Phone: 8300555 Mobile: 01766679700

KYC (KNOW YOUR CUSTOMER) PROFILE FORM

Investor's Department

01. Account Number:

Required Information	Principal Holder	Joint Holder
02. Name of the Account Holder:		
03. a) Father's Name:		
b) Mother's Name:		
c) Spouse Name:		
04. Relationship (If Joint Holder):		
05. Date of Birth:		
06. Bank Information:		
a)Account No :		
b) Bank Name:		
c) Branch Name:		
d) Routing No:		
07. Nationality:		
08. National ID/Passport No/TIN No		
a) NID NO:		
b) Passport No:		
c) TIN No:		
d) Driving License		
No:		
09. Address		
a) Present Address:		
b) Permanent		
Address:		
10. Telephone Number		
a) Office:		
b) Residence:		
c) Mobile No:		
d) E-Mail:		
11. Occupation		
12. Source of Income		
13. Monthly Income		
14. Name of Operator:		
Operator's Account Number:		

KYC profile for CUSTOMER Identity

(For opening Personal and Institutional accounts) (Use tick Mark)

*Has the address of the Customer been confirmed	Yes		No	
*Passport No. (photocopy)	Yes		No	
*National ID No. with signature: (photocopy obtained)	Yes		No	
*Tax Identification No.(TIN): (photocopy obtained)	Yes		No	
*Vat Reg. No.: (photocopy obtained)	Yes		No	
*Driving License No.: (photocopy obtained)	Yes		No	
*Electricity Bill: (photocopy obtained)	Yes		No	
Face to Face meeting has taken with the customer: Ye				
eclaration: I declare that the information provided	a by m	e on the a	ibove Form	is true and co
my knowledge and belief.				
te and Signature of the Applicant:				
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