UniCap Investments Limited

(A wholly owned subsidiary of Union Capital Limited)

Noor Tower, 4th Floor 73, Sonargaon Road, Dhaka - 1205 Phone: 9632161-2, Fax: 9632163

FUND WITHDRAWAL REQUEST

Client Name:			
Client Code:		Contact No.:	
Amount:	/ Maximum		
	In word:		
	In word:		
Special Reques	st (if any):		
			n my/our portfolio account maintained with cheque(s) for the above amount at the
I/We also do he			ainst the amount requested for withdrawal
as well as the pl	roportionate loan amo	ount.	
Date (DD/MM/Y	<u>Y)</u>		Signature (1 st / Joint / POA holder)
		OFFICIAL USE OF	NLY
☐ Signature ve	rified Account re	eviewed Documentation	on confirmed
Recommended	for Payment		
Authenticated b			Authorized by
	Autho	rization for Cheque (Collection
I/We hereby a	uthorize Mr./Ms		to collect a cheque
amounting Tk		on favor of me/us.	
His/her signatur	re is attested below:		
-			
Signature of Aut	thorized Person	Sig	gnature with Date(1 st / Joint / POA) holder)