



FIRST CAPITAL SECURITIES LIMITED

DSE Annex Building, 9/E Motijheel C/A, Dhaka-1000
DSE & CSE Dual-Licensed Member | TREC Holder *আপনার বিনিয়োগের বিশ্বস্ত সঙ্গী*

CLIENT CODE TRANSFER FORM (Inter-Branch / Digital Booth Transfer)

Ref No.: _____ Date: ____ / ____ / 20____

1. CLIENT INFORMATION

Client Name <small>(in CAPITAL LETTERS)</small>			
Client Code No.		Mobile No.	
BO Account No.			

2. PRESENT (RELEASING) BRANCH / DIGITAL BOOTH

Present Branch / Digital Booth Name	
Present Authorized Representative (AR) Name	

3. NEW (RECEIVING) TRANSFER BRANCH / DIGITAL BOOTH

New Transfer Branch / Digital Booth Name	
Expected New Authorized Representative (AR) Name	

4. REASON FOR TRANSFER

Relocation / Address Change	Change of Authorized Representative (AR)
Service Preference	Branch / Booth Closure or Merger
Others (please specify): _____	

5. CLIENT DECLARATION

I request the transfer of my trading code from the present branch / digital booth to the new branch / digital booth stated above. I confirm the information provided is correct and that I have no outstanding dues. I understand this transfer is subject to Head Office approval.

Client Signature
Full Name: _____
Date: ____ / ____ / 20____

Client Signature (Joint, if any)
Full Name: _____
Date: ____ / ____ / 20____

FOR OFFICE USE ONLY

6. BRANCH AUTHORISATION

Existing (Releasing) Branch In-Charge	Receiving (New) Branch In-Charge
_____ Name & Signature Date: ____ / ____ / 20____	_____ Name & Signature Date: ____ / ____ / 20____

7. HEAD OFFICE APPROVAL

Verified By (Operations)		Effective Date	
Remarks			

Authorised Signatory (Head Office)
Name & Desig.: _____ Date: ____ / ____ / 20____

Company Seal