

Date (DD/MM/YYY	Y):		/	/_			_											
To, The Ma BRAC E	anager Bank PLC																		
Accou	ınt Name:																		
A/c N	umber:																		
Subject	: Declaration	n abo	out Do	cume	nt Sub	missic	on (De	ferral	1										
Dear Si	r/Madam:																		
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SN	DOCUMENT NAME ✓ Please Tick mark as applicable & write the Dates correctly												SUBMISSION DATE						
1	Trade License expired on 30-Jun-2025												Within DD-MM-YEAR						
2		ETIN (if required)												Within DD-MM-YEAR					
3	Tax Return Expired on 30-Jun-2025												W	ithin D	D-MN	/I-YEAF	?		
4	Approval from Concerned Authority (please specify):											W	ithin D	D-MN	/I-YEAF	2			
5	Others (please specify):												Within DD-MM-YEAR						
7																			
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Received & Verified PSO/MPSO/PIN:											Supported By Line Manager								