

Date		
Branch Manager BRAC Bank Ltd. Branch:	Account Number: Account Title:	
NOMINEE ASSIGNMENT		
Dear Sir/Madam,		
I/We hereby mandate the follow "Nominee" (whose personal info	ng authority to Mr./Ms. rmation is also stated as	, hereinafter referred to as the s below):
Father's Name:		Mother's Name:
Date of Birth: /	_ /	Relationship:
Address:		
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(i) That in the event of i		lominee shall receive/draw the amount of deposits in
Mr./Ms.		or at the time of my/our death(s), his/her legal guardian, , is authorized to receive/draw the daccount on behalf of the Nominee.
(iii) That the Nominee, or his/her legal guardian authorized under paragraph (ii) as the case may be, shall be entitled to all my/our accounts to the exclusion of all other persons; and payment made by you to them shall constitute a full discharge of your liability with respect to such deposits.		
Account holder's Sign	ature	2 <sup>nd</sup> Account holder's Signature
(if joint)  N.B. All joint-account holders are required to sign regardless of mode of operation.		
FOR BANK USE ONLY Customer ID:		
Signature(s) Verified  Received By		Action Taken By

RB-CSF BRAC BANK LIMITED