

	REQUEST FOR FUND WITHDRAWAL				
То:	The Managing Directo	r & CEO			
Account Type :		Date :	Date :		
Account No :		Client	Client Branch :		
Name :					
Contact No :		Res. Phone :			
Amount in Taka:			Maximum		
Amount in word :					
Client Bank Name :					
Bank Account No. :		Withdrawa	al Mode :	Cheque	
Principal Applicant FOR AUTHORIZATION TO COLLECT CHEQUE (IF ANY):					
Please deliver the cheque to my/our authorized person Mr./ Ms					
Signature of t	Signature	Signature of the Account Holder(s)			
		Official Use Only			
Received & Verified By : (CSO's Name & Signature)					
Signature & Bank Accou	nt No. Verified By :				
Approved By :					
Bank Signatory	Bank Signatory	Withdrawa	al Mode :	Cheque	
	THE PROPERTY OF THE PROPERTY O	Received	Branch :		
	LIANGE CONTRACTOR CONT	Delivery B	ranch :		