

USER INFORMATION FORM

Full Name MD. RAFIKUL ISLAM
NID/ Passport No.* 687 496 4783
Mobile Phone No.* +880 151 619 7588
Email Address* CODERDEDHAKA@GMAIL.COM
Mother's Name HOSNE ARA BEGUM
Nationality BANGLADESHI
Date of Birth 01 07 1981
User Level Inquiry ☐ Maker ☐ ☒ Maker & Authorizer ☐ Authorizer

The number will be required for NID and
NAT. submission

To receive OTT for the email address group
additional ID, stated in "Security 2"

Account to be Linked	Display	Full	Account to be Linked	Display	Full
1 1816002160		☒ 6			
2		7			
3		8			
4		9			
5		10			

Preferred User Name

Signature Group ☐ A ☐ B ☐ C ☐ D

List of Transaction to be Assigned

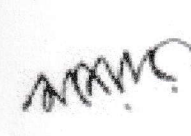
☐ All ☒ Specify (if any) from the table below

- | | | |
|--|--|--|
| ☒ 1. Own Account Transfer | ☒ 5. IntraBank Transfer | ☐ 9. Apply for Letter of Credit (LC) |
| ☒ 2. Group Payment | ☒ 6. One to Many File Upload | ☒ 10. Domestic Bank Transfer |
| ☒ 3. International Payment Request | ☒ 7. Order Cheque Book | ☒ 11. Many to Many File Upload |
| ☐ 4. Request Bank Draft | ☐ 8. Bill Payment | ☐ 12. Special instruction to Bank |

User Signature

Authorizer's Signature with Name Stamp


MD. RAFIKUL ISLAM
 Managing Director
 Coder de Dhaka Ltd.


MD. MONOWAR HOSSAIN
 Chairman
 Coder de Dhaka Ltd.

Note:

- Separate Form to be completed for each user.
- Every user has to be authorized by the authorized signatory of the company

*Mandatory