

Strategic Finance Limited

Fund Withdrawal Request

To: The Head of Operations/The Portfolio Manager

| | | |
|-------------------|----------------------|--|
| Account Type: | <input type="text"/> | <input type="text"/> |
| Account No.: | <input type="text"/> | Client Branch: <input type="text"/> |
| Name: | <input type="text"/> | |
| Contact No.: | <input type="text"/> | Res. Phone: <input type="text"/> |
| Amount in Taka: | <input type="text"/> | |
| Client Bank Name: | <input type="text"/> | |
| Bank account No.: | <input type="text"/> | Withdrawal Mode: Cheque <input type="text"/> |
| Bank Routing No.: | <input type="text"/> | **BEFTN <input type="text"/> |

**For closing an account, please also submit CDBL account closing form (Bye law 7.7.1)*

***Bank change may be applicable for BEFTN while necessary.*

Reason for withdrawal/Closing account (Please put a tick mark):

☐ Personal Reason

☐ Not Satisfied with the service

☐ Others.....

Principal Applicant

Joint Applicant

FOR AUTHORIZATION TO COLLECT CHEQUE (IF ANY):

Please deliver the cheque to my/our authorized person Mr/Ms

Attested:

Signature of the authorized person (s)

Signature of the account Holder(s)

For Official Use Only

Received and Verified by: _____
(CSO's name and signature)

Signature & Bank account verified by: _____

Approved by:

| Bank Signatory | Bank Signatory |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Withdrawal mode:

Received by:

Delivered by: