

Date: DD / MM / YYYY
The Head of Branch Prime Bank Limited Branch
Subject: New Issue / Re-Investment / Encashment / Interest of WEDB / USDPB / USDIB favoringNAME IN CAPITAL LETTER amount BDT / USD
Dear sir,
With due respect I would like to request you to New Issue/Re-Investment/Encashment/
Interest of WEDB/USDPB/USDIB amount BDT/USD $\_\_\_\_\_$ and
Debit/Credit My SB/FC Account No maintaining with your
branch.
Thanking you and expecting your best co-operation in this regards.
Your faithfully
SIGNATURE
Name:
Phone No:
Email:

### APPLICATION FOR PURCHASE OF WAGE-EARNERS DEVELOPMENT BOND

Sl. No.				Date: D	D / MM / YYYY	
The	Manager					
Dea	· Sir,					
l,	Name i	n Capital Letter	tender he	erewith		
		ncy) with intent t				
		nal break-up of t				
		s) in respect of t			, , ,	
		ng due against th e drawn shall be		erest, redemptic	on value and dea	th-risk-benefit (if
Don	omination	No. of pieces	Value	Name and	address of-	Name of
Den	Offiliation	No. of pieces	value	Bond-Holder	Bond-Nominee	Paying Office.
Tota	ıl					
laco	cept the und	der noted conve	ersion rate appl	lied by you.		
Lde	clare that-					
		ge-earner entitle	ed to wage-ear	ners rate of ex	change and	
		F.C. Account No				e Wage-Earner
	I earn my	wage/income a	is(Status)	in( <u>N</u>	ame and address o	f the concern)
*(b)	I am a ben Who is em	neficiary of wage	e-earners remit	tance sent by . in(Nar	Name of the	Wage-Earner
I sol	emnly affirn	n that-				
*(a)	Bond(s) re	ments made abo present savings eceived from B	out of my inco	ome as a wage	•	
(b)	The state	ments made a	bove are true	to the best of	of my knowled	ge and belief.
	* Please de	elete if inapplica	 able.			

(In case of purchase as the Paying Office	brai	nch of your Bank		
I hereby agree to ab	ide by the Wage-I	Earner Developm	ent Bond Rules,	1981.
			Yours fa	ithfully,
			Signature o	f Applicant
	Wag	e-Earner/Benefic	ciary Name in Block	
	Addı	ress:		
	(a) Al	broad:		
	(b) In	Bangladesh:		
	Pass	port No		Dated
	Place	e of Issue		
	F.C. A	Account No	wit	:h
Particulars of the Bo	nd(s) issued:			
Bond Sl. No.	Denomination	Name and address of-		Name of Paying
Boria St. INO.	Denomination	Holder.	Nominee.	Office.
Total				
The Bond(s) as detai	led above has/ha	ave been issued.		
Authori		Authorized C	Officer	
Received the Bond(s	s) detailed above (	of the face value of	of Tk	
(Taka		) which con	firm to my speci	fication.

Signature of Applicant

By order of the President G.M. CHOWDHURY Secretary Ministry of Finance, Banking and Investment Division.

# DIASPORA BOND INVESTOR INFORMATION FORM Wage Earner Bond Investment Amount \_\_\_\_\_ US Dollar Premium Bond Interest Cycle: Half-yearly End of Period □ US Doller Investment Bond 1. DIASPORA INFORMATION NID \_\_\_\_\_\_ DOB \_\_\_\_\_ Gender\_\_\_\_\_ Name (Bangla) \_\_\_\_\_ Name (English) \_\_\_\_\_ Present Address \_\_\_\_\_\_ Permanent Address \_\_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Email \_\_\_\_\_ Phone (Bangladesh) \_\_\_\_\_ Phone (Abroad) \_\_\_\_\_ Passport \_\_\_\_\_ Expiry Date \_\_\_\_\_ Issue Country \_\_\_\_\_ Date of arrival in Bangladesh (If returned from abroad permanently) 2. BENEFICIARY (IF APPLICABLE) NID \_\_\_\_\_\_ DOB \_\_\_\_\_ Gender\_\_\_\_\_ Name (Bangla) \_\_\_\_\_\_ Name (English) \_\_\_\_\_ Present Address \_\_\_\_\_\_ Permanent Address \_\_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Email \_\_\_\_\_ Phone (Bangladesh) \_\_\_\_\_ Phone (Abroad) \_\_\_\_\_ 3. REMITTANCE INFORMATION Diaspora Occupation Source Country Relationship with holder Visa Type: Visa Start Date: Visa End Date: Remittance Channel | Bank/Exchange House | Acc./Ref# Currency Remittance Amount Date

4. BANK RELATED INFORM	ATION	
Pay-in Account	Principal Payment Account	Interest Payment Account
Account Title:	Account Title:	Account Title:
Account No:	Account No:	Account No:
Bank:	Bank:	Bank:
Branch:	Branch:	Branch:
Account Type:	Account Type:	Account Type:
5. NOMINEE INFORMATION	'	
□ Nominee is minor (If applicab	le):	
Minor Nominee Name		
	DOB	
Name (Bangla)	Name (English)	
-		
	Mother's Nam	
Relation (with holder)	Phone	Email
Trotation (with motion)	]	] [
Date & Signature of Nominee (Optional)	Date & Signature of Beneficiary (If applicable)	Date & Signature of Diaspora
TO BE FILLED BY THE ISSU	E OFFICE	
Registration Number	Issue Date	Issued Amount



Date: DD / MM / YYYY

To
Prime Bank Limited
Cash Management Operations
Head Office,
Motijheel Commercial Area
Dhaka

Subject: Debit Authority to reverse remittance incentive amount against issuance of WEDB.

#### Dear Sir,

I hereby request you to execute the reversal of Remittance Incentive Amount from my SB account maintained with Prime Bank, against the issuance of WEDB according to Bangladesh Central Bank's instruction.

Name	Account Details	Reversal Amount in BDT
	A/C:	
	Branch:	
	Prime Bank Limted	

Thanking you.	
(Customer Name)	
A/C	



	 	 .Branch

### Foreign Account Tax Compliance Act ("FATCA")

### Account Opening Form Supplement (use additional copies, if required)

This form must be completed by any individual/non-individual/entity who wishes to open a Bank Account/have been maintaining one.

Account Number		
Country of Residence/Registration		
Country of Birth/Incorporation		
Please check" √ " 'Yes' or 'No' for ea	uch of the following questions	Yes / No
1. Are you a U.S. Resident?		
2. Are you a U.S. Citizen?		
3. Do you hold a U.S. Permanent Re	sident Card (Green Card)?	
4. Is your entity a foreign entity who i.e.10% or more (for company/no	ere there is substantial "US ownership" ? on-individuals)	
Subject to applicable local laws, I h	ided above is true, accurate & complete.	-
liabilities in any jurisdiction.	information with domestic/U.S. regulators or tax au	uthorities where necessary to establish my tax
	gulators or tax authorities, I consent and agree that th g to applicable laws, regulations and directives.	ne Bank may withhold from my account(s), such
I undertake to notify the Bank within 3	30 (thirty) calendar days if there is a change in any info	formation which I have provided to the Bank.
	Applicant's Sig	gnature
	Applicant's	s Name
		Date
A/C Opening Officer (With Name Seal, Signature & Date)		BM/OM (With Name Seal, Signature & Date)

## অঙ্গীকারনামা

আমি পিতা/স্ব	মী
এই মর্মে অঙ্গীকার করছি যে, ওয়েজ আর্নার ডেভেলপমেন্ট বন্ড, ই	উএস ডলার ইনভেস্টমেন্ট বন্ড, ইউএস ডলার প্রিমিয়াম
বন্ড বিদ্যমান এই ৩ প্রকার বন্ডের সমন্বয়ে আমি এবং আমার মন	নানীত ব্যাক্তি সাকুল্যে বিনিয়োগের পরিমাণ বাংলাদেশী
মুদ্রায় রূপান্তর করা হলে এক কোটি টাকার মধ্যে সীমাবদ্ধ রয়েছে।	বর্তমানে আমার নিজ ও আমার মনোনীত ব্যাক্তির নামে
সাকুল্যে ইস্যুকৃত বন্ডের মূল্যমান	টাকা।
ভবিষ্যতে ব্যাঙ্কের রেকর্ডপত্রাদি পর্যালোচনা করে বা অন্য কোন	৷ উপায়ে উক্ত তিন প্রকার বন্ডে বিনিয়োগের পরিমাণ
বাংলাদেশী টাকায় অর্থ মন্ত্রণালয়ের ০৩/১২/২০২০ ইং তারিখের	প্রজ্ঞাপন নং- ০৮.০০.০০০০.০৪১.২২.০১৭.১৬.৭৯
ব্যত্যয় ঘটিয়ে যদি ১ (এক) কোটি টাকা অতিক্রম করছে মর্মে প্রমা	ণিত হয়, তবে ব্যাংক বিধি মোতাবেক ও দেশের প্রচলিত
আইন অনুযায়ী যে কোন ব্যবস্থা গ্রহণ করা হলে তা আমি মেনে নি	তে বাধ্য থাকব।
তাং:	
গ্রাহক আমাদের সম্মুখে এই	
অঙ্গীকারনামায় সহি স্বাক্ষর করেছেন।	

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স্বাক্ষর:	সাক্ষর:
নামঃ	নামঃ
ঠিকানা:	ঠিকানা:
এন আইডি নম্বর:	এন আইডি নম্বর:
পাসপোর্ট নম্বর:	পাসপোর্ট নম্বর:
মোবাইল নম্বর:	মোবাইল নম্বর:
रित्रवेन:	रित्रवेल: