Head Office

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FUND WITHDRAWAL REQUEST FORM

Client Code:		•••••	Date:		
Name of the A	ccount Ho	lder(s):			
Request For (In Figure): BDT					
Please fill up the	e following i		: Taka ı:		
For BEFTN :	Bank Name:				
(Please mention Only your Bank A/C information which exists in your BO A/C at BEIL)	Bank Accor	unt No.:			
	Bank Branch:				
	Bank Routing No.:				
	Client Mobile No.:				
Signature of the Fi	rst Account Ho	older		Signature of the Joint A	ccount Holder
Signature Verified by			Approved by		
		•	Manager:	Head of Operations:	
BRAC EPL Investments Limited			Cash Withdrawal Form		Customer Copy
Account Numbe	r:				
Client Name	:				
Received On	:				
Collected On	:				

Authorized Signature & Seal: