

Date.....

To

Managing Director / CEO
Skyline Securities Ltd

BO Account Number:

I/We (Full name)..... have given my/our authority to

	Nominee 1	Nominee 2	Nominee 3	Nominee 4
Nominee full name				
Nominee Short name				
Relationship with A/C holder				
Percentage (%) of benefit				
Address (full address)				
Telephone / Mobile / Email				
NID no.				
Nationality / Passport No.				
Date of Birth				
Guardian's Details (if Nominee is Minor) with NID				

(here in after called "the Nominee") of

(a) That in the event of my/our death or incapability, the Nominee shall receive/draw the amount and shares after adjustment of all liabilities (if any) held by you in my/our account.

(b) That in the event, the nominee who is authorized, remains a minor at the time of my/our death or incapability is authorized to receive/draw the amount & share held by you in my/our account.

(c) I/We hereby declare that everything done by you in pursuance of this authority shall be binding upon me/us until receive notice from me/us in writing to the contrary. Furthermore, I/We hereby declare that everything done by you in pursuance of this authority shall be binding on my/our heirs, executors and administrators and all other persons claiming through or under me/us.

Signature of the **EXECUTANT**:

1. Signature:

2. Signature:

Name & Address:

Name &Address:

Signature of the **NOMINEE**:

1. Signature:

1. Signature:

Name &Address:

Name &Address:

Signature of guardian (If Nominee is a Minor)

Signature:

Name & Address :...

Signature of the **WITNESS**:

1. Signature:

Name & Address :.

2. Signature

Name & Address..