

EDGE AMC GROWTH FUND

Asset Manager: EDGE AMC Limited (EDGE)

POWER OF ATTORNEY FORM

To, The Managing Director & CEO EDGE AMC Limited Registered Office: Rupayan Prime (Unit B-10), House # 2, Road # 7 Dhanmondi, Dhaka-1205

For Office Use only
Registration No:
Sale No:

(PLEASE FILL UP THE FORM IN BLOCK LETTERS)		
	titute and appoint	
	to be my true and lawful Attorney-in-fact for me in my name,	
Power of Attorney Holder's Details		
Name:		
Father/Husband:	Mother:	
Occupation:	Registration No. (for existing unit holders only):	
Address:		
Contact No: Nationality:	No of Units Held (if any):	
National ID/Passport No (if any):	Date of birth: DD / MM / YYYY	
Residency: Resident Non-Resident Pa	assport No (if any):	
Issue Place: Issue Date	e: DD / MM / YYYY Expiry Date: DD / MM / YYYY	
Power of Attorney effective from DD / MM / YYYYY	to DD / MM / YYYY	
Power of Attorney Holder's Contact Details:		
Address:		
City:	Postal Code:	
Division:	Country:	
Telephone:	Mobile:	
Fax:	Email:	
Signature(s)		
Signature(s)		
Power of Attorney Holder's Signature	Applicant's Signature	
For Office use only		
Date:/		
Registration No:		
Sale No:		
No of Units:	Issuing Office Sign, Seal & Stamp	