



EDGE BANGLADESH MUTUAL 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)

I/ we, address
....., do hereby name, constitute and appoint
..... with postal address at to be my true and lawful
Attorney-in-fact for me in my name, place and stead to take care of Units (in word Units) at the purchase
price of Tk. per Unit from the date...../...../.....

Power of Attorney Holder's Details

Name: [Grid]
Father/Husband: [Text] Mother: [Text]
Occupation: [Text] Registration No. (for existing unit holders only): [Text]
Address: [Text]
Contact No: [Text] Nationality: [Text] No of Units Held (if any): [Text]
National ID/Passport No (if any): [Text] Date of birth: [DD / MM / YYYY]
Residency: Resident Non-Resident Passport No (if any): [Text]
Issue Place: [Text] Issue Date: [DD / MM / YYYY] Expiry Date: [DD / MM / YYYY]
Power of Attorney effective from [DD / MM / YYYY] to [DD / MM / YYYY]

Power of Attorney Holder's Contact Details:

Address: [Text]
City: [Text] Postal Code: [Text]
Division: [Text] Country: [Text]
Telephone: [Text] Mobile: [Text]
Fax: [Text] Email: [Text]

Signature(s)

Power of Attorney Holder's Signature

Applicant's Signature

For Office use only

Date:/...../.....
Registration No:
Sale No:
No of Units:

[Large empty box for Issuing Office Sign, Seal & Stamp]

Issuing Office Sign, Seal & Stamp