



## ACCOUNT OPENING FORM

Individual or Joint Account

**GLOBE SECURITIES LIMITED**

TREC NO. 189

Dhaka Stock Exchange Ltd.

BSEC Reg.No.-3.1/DSE-189/2008/241

Name

Name (Joint)

Client Code

BO ID No.

1	2	0	1	7	0	0	0								
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Address.

Phone

Mobile

**FORM-II**  
**[BSEC Rule 5 (2) (e) of 2020]**

**Customer Account Opening Form**

Photograph of  
first account holder  
with attestation of the  
Introducer

Photograph of  
joint account holder  
with attestation of the  
Introducer

Date

Customer Account No.  BO Account No.

Account Type : ☐ Cash ☐ Margin

BO Type : ☐ Individual ☐ Joint

Citizenship status : ☐ Resident Bangladeshi ☐ Non-Resident Bangladeshi ☐ Foreigner/Other : .....

**[ To be filled by the Applicant ]**

Name of the First Applicant/Customer : .....

Father's / Name : ..... Mother's Name : .....

Spouse's Name : .....

Present / Contact Address : .....

Permanent Address : .....

Nationality : ..... National ID : .....

Date of Birth : ..... Sex : ☐ Male ☐ Female Profession : .....

Passport / Birth Certificate / Driving License Number : ..... Tel No. : .....

Mobile No : ..... E-mail : .....

Name of the Second Applicant/Customer : .....

Father's / Name : ..... Mother's Name : .....

Spouse's Name : .....

Present / Contact Address : .....

Permanent Address : .....

Nationality : ..... National ID : .....

Date of Birth : ..... Sex: ☐ Male ☐ Female Profession : .....

Passport / Birth Certificate / Driving License Number : ..... Tel No. : .....

Mobile No : ..... E-mail : .....

Whether the applicant is an Officer or Sponsor/Director of any Broker/Dealer/Exchange/Depository/ Clearing & Settlement Company/ Listed Company ? ☐ Yes ☐ No

If yes, please mention the name & address of the Broker/Dealer/Exchange/Depository/ Clearing & Settlement Company/Listed Company with designation of the said officer or sponsor or director : .....

Signature of the First Applicant

Signature of the Second Applicant

Have any other Customer Account with any Stock Broker(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details :		
Client Code NO.	BO Account No.	Name of Broker

### Bank Account Details

Bank Name : .....	Branch Name : .....
Account No. <input type="text"/>	Routing No. <input type="text"/>

### Authorized Person Details(if any)

**Declaration**  
 I/we do hereby authorize : .....to do all kinds of activities related to the said account such as share buy and sell (over telephonic order is also acceptable), deposit and withdraw in any form besides me/us. I further assure that I will not have any objection in future at any activities executed by the said person whose specimen signature and attested photo are given below.

Photograph of the authorized person with attestation of the Customer	Name : .....
	Present : .....
	Contact Address : .....
	National ID / Passport / Birth Certificate / Driving License Number : .....
	Phone No. : .....Mobile No : .....
E-mail : .....	
_____ Signature of the authorized person	

### Introducer Details

Name :	_____ Signature
Account No.:	
Mobile No. :	

Special Instruction, if any : .....
.....

Account operating instruction: ☐ Either or Survivor ☐ Jointly operated ☐ Any one can operate ☐ Others (specify) : .....

\_\_\_\_\_  
 Signature of the First Applicant with date

\_\_\_\_\_  
 Signature of the Second Applicant with date

Please complete all details in CAPITAL letters. **Please fill all names correctly.** Names once captured cannot be changed. All communications shall be sent only to the First Named Account Holder's correspondence address.

Application No : .....

Date (DDMMYYYY) : .....

Please Tick whichever is applicable

**BO Category :** ☐ Regular ☐ Omnibus ☐ Clearing

**BO Type :** ☐ Individual ☐ Company ☐ Joint Holder

Name of CDBL Participant (Up to 99 Characters)

**GLOBE SECURITIES LIMITED**

CDBL Participant ID

BO ID

Date Account Opened (DDMMYYYY)

1 7 0 0 0

1

2 0 1 7 0 0 0

I / We request you to open a Depository Account in my/ our name as per the following details:

### 1. First Applicant

Name in Full (Up to 99 Characters) : .....

Short Name of Account Holder (Insert full Name starting with Title i.e. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters)

Title i.e. Mr. /Mrs. /Ms. /Dr.

(In case of a Company/Firm/Statutory Body) Name of Contact Person : .....

In Case of Individual ☐ Male ☐ Female

Occupation : .....

Father's /Husband's Name : .....

Mother's Name : .....

### 2. Contact Details

Address : .....

City : ..... Post Code : ..... State/ Division : ..... Country : .....

Tel : ..... Mobile : ..... E-mail : .....

### 3. Passport Details

Passport No : ..... Issue Place : ..... Issue Date : ..... Expiry Date : .....

### 4. Bank Details

Routing No. Bank Account No.

Bank Name : ..... Branch Name : ..... District Name : .....

Electronic Dividend Credit ☐ Yes ☐ No Tax Exemption if any ☐ Yes ☐ No TIN / Tax ID : .....

### 5. Other Information

Residency : ☐ Resident ☐ Non-Resident Nationality : ..... Date of Birth (DDMMYYYY)

Statement Cycle Code ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Other (Please Specify) : .....

Internal Ref. No (To be filled in by CDBL Participant) : .....

National ID Card Number

In case of Company

Date of Registration (DDMMYYYY)

Registration No : .....

### 6. Joint Applicant (Second Account Holder)

Name in Full (Up to 99 Characters) : .....

Short Name of Account Holder (Insert full Name starting with Title i.e. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters)

Title i.e. Mr. /Mrs. /Ms. /Dr.



## 8. Account Link Request

Would you like to create a link to your existing Depository Account?

☐

Yes

☐

No

If yes, then please provide the depository BO Account Code (8 Digits):

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## 9. Nominees / Heirs

If account holder (s) wish to nominate person (s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder / all the joint account holders, a separate nomination Form - 23 must be filled up and signed by all account holders and the nominees giving names of nominees, relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided.

## 10. Power of Attorney (POA)

If account holder (s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form - 20 must be filled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form.

## 11. To be filled in by the Stock Broker / Stock Exchange in case the application is for opening a Clearing Account.

Exchange Name ☐ DSE

Trading ID : .....

☐

CSE

Trading ID : .....

## 12. Photograph

Please paste  
recent passport  
size photograph of  
1st applicant or  
Authorized  
Signatory in case  
of Limited Co. Only

(First Applicant)

Please paste  
recent passport  
size photograph of  
2nd applicant or  
Authorized  
Signatory in case  
of Limited Co. Only

(Second Applicant)

Please paste  
recent passport  
size photograph of  
Authorized  
Signatory in case  
of Limited Co. Only

(Third Applicant)

## 13. Standing Instructions

I/We authorize you to receive facsimile (Fax) transfer instructions for delivery.

☐

Yes

☐

No

## 14. DECLARATION

The rules and regulations of the Depository and CDBL Participant Pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/we further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name	Signature with date
First Applicant		
Second Applicant		

## 15. Special Instructions on operation of joint Account

☐ Either or Survivor.

☐

Any one can operate

☐

Any two will operate jointly

☐ Account will be operated by \_\_\_\_\_ with any one of the others.

## 16. Introduction

### GLOBE SECURITIES LIMITED

Introduction by an existing account holder of : .....  
(Depository Participant's Name)

I confirm the identity, occupation and address of the applicants (s) : .....  
(Introducer's Name)

..... Account ID  
(Signature of the Introducer)

1	2	0	1	7	0	0	0							
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শেয়ার বাজারে বিনিয়োগ ঝুঁকিপূর্ণ। জেনে ও বুঝে বিনিয়োগ করুন

Title i.e. Mr. / Mrs./ Ms. / Dr.

[illegible]

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[illegible]

**Residency :** ☐ Resident ☐ Non-Resident    **Nationality :** .....    **Date of Birth (DDMMYYYY)**

Photograph(s)  
of Nominee(s)  
with attestation  
of the  
Customer(s)

Photograph(s)  
of Nominee(s)  
with attestation  
of the  
Customer(s)

Photograph(s)  
of Nominee(s)  
with attestation  
of the  
Customer(s)

Photograph(s)  
of Nominee(s)  
with attestation  
of the  
Customer(s)

Guardian 2

	Name	Signature
Nominee/Heir 1		
Guardian 1		
Nominee/Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		

**Central Depository Bangladesh Limited (CDBL)**  
**Depository Account (BO Account) opened with CDBL Participant**  
**Terms & Conditions – Bye Laws 7.3.3(c)**

CDBL Participant, Dhaka / Chittagong / Sylhet, Bangladesh

Dear Sir,

Please open a Depository account (BO Account) in my/our names(s) on the terms and conditions set out below. In consideration of **GLOBE SECURITIES LIMITED** (the “CDBL Participant”) opening the account providing depository account facilities to me/us, I/we have signed the BO Account Opening Form as a token of acceptance of the terms and conditions set out below.

1. I/we agree to be bound by The Depositories Act, 1999, Depositories Regulations, 2000, The Depository (User) Regulations 2003, and abide by the Bye Laws and Operating Instructions issued from time to time by CDBL.
2. CDBL shall allocate a unique identification number to me/us (Account Holder BO ID) for the CDBL Participant to maintain a separate Account for me/us, unless the I/we instructs the CDBL Participant to keep the securities in an Omnibus Account of the CDBL Participant. The CDBL Participant shall however ensure that my/our securities shall not be mixed with the CDBL Participant's own securities.
3. I/we agree to pay such fees, charges and deposits to the CDBL Participant, as may be mutually agreed upon, for the purpose of opening and maintaining my/our account, for carrying out the instructions and for rendering such other services as are incidental or consequential to my/our holding securities in and transacting through the said depository account with the CDBL Participant.
4. I/we shall be responsible for.
  - (a) The veracity of all statements and particulars set out in the account opening form, supporting or accompanying documents.
  - (b) The authenticity and genuineness of all certificates and/or documents submitted to the CDBL Participant along with or in support of the account opening form or subsequently for dematerialization.
  - (c) Title to the securities submitted to the CDBL Participant from time to time for dematerialization.
  - (d) Ensuring at all times that the securities to the credit of my/our account are sufficient to meet the instructions issued to the CDBL Participant for effecting any transaction / transfer.
  - (e) Informing the CDBL Participant at the earliest of any changes in my/our account particulars such as address, bank details, status, authorizations, mandates, nomination, signature, etc.
  - (f) Furnishing accurate identification details whilst subscribing to any issue of securities.
5. I/we shall notify the CDBL Participant of any change in the particulars set out in the application form submitted to the CDBL Participant at the time of opening the account or furnished to the CDBL Participant from time to time at the earliest. The CDBL Participant shall not be liable or responsible for any loss that may be caused to me/us by reason of my/our failure to intimate such change to the CDBL Participant at the earliest.
6. Where I/we have executed a BO Account Nomination Form
  - a) In the event of my/our death, the nominee shall receive/draw the securities held in my/our account
  - b) In the event, the nominee so authorised remains a minor at the time of my/our death, the legal guardian is authorised to receive/draw the securities held in my/our account.
  - c) The nominee so authorised, shall be entitled to all my/our account to the exclusion of all other persons i.e., my/our heirs, executors and administrators and all other persons claiming through or under me/us and delivery of securities to the nominee in pursuance of this authority shall be binding on all other persons.
7. I/we may at any time call upon the CDBL Participant to close my/our account with the CDBL Participant provided no instructions remain pending or unexecuted and no fees or charges remain payable by me/us to the CDBL Participant. In such event I/we may close my/our account by executing the Account Closing Form if no balances are standing to my/our credit in the account. In case any balances of securities exist in the account the account may be closed by me/us in one of the following ways:
  - (a) By rematerialization of all existing balances in my/our account.

- (b) By transfer of all existing balances in my/our account to one or more of my/our other account(s) held with any other CDBL Participant(s).
- (c) By rematerialization of a part of the existing balances in my/our account and by transferring the rest to one or more of my /our other account(s) with any other CDBL Participant(s).

8. CDBL Participant covenants that it shall

- a) Act only on the instructions or mandate of the Account Holder or that of such person(s) as may have been duly authorized by the Account Holder in that behalf.
- b) Not effect any debit or credit to and from the account of the Account Holder without appropriate instructions from the Account Holder.
- c) Maintain adequate audit trail of the execution of the instructions of the Account Holder.
- d) Not honour or act upon any instructions for effecting any debit to the account of the Account Holder in respect of any securities unless:
  - (i) Such instructions are issued by the Account Holder under his signature or that of his/its constituted attorney duly authorized in that behalf.
  - (ii) The CDBL Participant is satisfied that the signature of the Account Holder under which instructions are issued matches with the specimen of the Account Holder or his / its constituted attorney available on the records of the CDBL Participant.
  - (iii) The balance of clear securities available in the Account Holder's account are sufficient to honour the Account Holder's instructions.
- e) Furnish to the Account Holder a statement of account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each financial year. The CDBL Participant shall furnish such statements at such shorter periods as may be required by the Account Holder on payment of such charges by the Account Holder as may be specified by the CDBL Participant. The Account Holder shall scrutinize every statement of account received from the CDBL Participant for the accuracy and veracity thereof and shall promptly bring to the notice of the CDBL Participant any mistakes, inaccuracies or discrepancies in such statements.
- f) Promptly attend to all grievances / complaints of the Account Holder and shall resolve all such grievances / complaints as it relate to matters exclusively within the domain of the CDBL Participant within one month of the same being brought to the notice of the CDBL Participant and shall forthwith forward to and follow up with CDBL all other grievances / complaints of the Account Holder on the same being brought to the notice of the CDBL Participant and shall endeavour to resolve the same at the earliest.

9. The CDBL Participant shall be entitled to terminate the account relationship in the event of the Account Holder.

- (a) Failing to pay the fees or charges as may be mutually agreed upon within a period of one month from the date of demand made in that behalf;
- (b) Submitting for dematerialization any certificates or other documents of title which are forged, fabricated, counterfeit or stolen or have been obtained by forgery or the transfer whereof is restrained or prohibited by any direction, order or decree of any court or the Securities and Exchange Commission.
- (c) Commits or participates in any fraud or other act of moral turpitude in his / its dealings with the CDBL Participant.
- (d) Otherwise misconducts himself in any manner.

10. Declaration and Signature

I/we hereby acknowledge that I/we have read and understood the aforesaid terms and conditions for operating Depository Account (BO Account) with CDBL Participant and agree to comply with them.

Applicants	Full Name	Signature with Date
First Applicant		
Second Applicant		

**KYC Profile Form**

**(under FORM-II)**  
**(Filled by the Stock Broker)**

Name of the Account Holder(s) : .....

BO Account Number : .....

Customer Account Number : .....

Occupation (with Joint Account Holder's, if any) : .....

Name of MD/CEO (in case of Company or Institution or Firm) : .....

Nature of Business (in case of Company or Institution or Firm) : .....

Describe in detailed as to whether the account holder (the individual/institution/company) is a director/sponsor of a listed company or he/it is a politically exposed person (PEP)/Influential Person/Member of Senior Management of an International Organization.

Source of Fund : .....

Approximate amount of Daily/Monthly/Annual transactions : .....

Describe in detailed, how source of fund was verified : .....

Details of Information/Documents of the Account Holder(s) : .....

Sl.	Nature of Documents	Number	Photocopy Obtained		Applicable for
			Yes	No	
1	National ID		<input type="checkbox"/>	<input type="checkbox"/>	Individual (if any)
2	Passport		<input type="checkbox"/>	<input type="checkbox"/>	Individual (if any) or NRB or NR or Foreigner
3	Visa/Residential Permit and Work Permit		<input type="checkbox"/>	<input type="checkbox"/>	NRB or NR or Foreigner
4	Birth Certificate Individual (if any)		<input type="checkbox"/>	<input type="checkbox"/>	Individual (if any)
5	Driving License		<input type="checkbox"/>	<input type="checkbox"/>	Individual (if any)
6	Bank Account with supporting document		<input type="checkbox"/>	<input type="checkbox"/>	Individual or NRB or NR or Foreigner
7	NID/Birth Certificate/Passport		<input type="checkbox"/>	<input type="checkbox"/>	Nominee



Sl.	Nature of Documents	Number	Photocopy Obtained		Applicable for
			Yes	No	
8	NID/Birth Certificate/Passport		<input type="checkbox"/>	<input type="checkbox"/>	Authorized Person
9	Registration Certificate		<input type="checkbox"/>	<input type="checkbox"/>	Firm/Company/Institution
10	Date of Incorporation		<input type="checkbox"/>	<input type="checkbox"/>	Firm/Company/Institution
11	Memorandum of Association		<input type="checkbox"/>	<input type="checkbox"/>	Company/Institution
12	Articles of Association		<input type="checkbox"/>	<input type="checkbox"/>	Company/Institution
13	Trade License		<input type="checkbox"/>	<input type="checkbox"/>	Firm/Company/Institution
14	TIN		<input type="checkbox"/>	<input type="checkbox"/>	Firm/Company/Institution
15	VAT Registration		<input type="checkbox"/>	<input type="checkbox"/>	Firm/Company/Institution
16	Particular of Directors		<input type="checkbox"/>	<input type="checkbox"/>	Company / Institution

Comments (if any) : .....

.....  
Signature of Account Opening  
Officer with date & Seal

.....  
Signature of Authorized Officer/  
MD/CEO with date & Seal

When was the information related to the Account last reviewed and updated? If any, details with  
comments : .....

.....  
Signature of the Officer performing review  
and update, with date & Seal

#### Processed by

Name : .....  
Signature : .....  
Designation : .....  
Date : .....

#### Checked by

Name : .....  
Signature : .....  
Designation : .....  
Date : .....

#### Approved by

Name : .....  
Signature : .....  
Designation : .....  
Date : .....

## Power of Attorney (POA) Form

Please complete all details in CAPITAL letters. Please fill all names correctly. All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form -02.

Account No.

Date

Name of CDBL Participant (Up to 99 Characters)

**GLOBE SECURITIES LTD.**

CDBL Participant ID

Account holder's BO ID

Name of Account Holder (Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)

### Power of Attorney Holder's Details

Name in Full :

Short Name of Power of Attorney Holder ( Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)

Title i.e. Mr/Mrs

### 1. Power of Attorney Holder's Contact Details:

Address :

City :  Post Code :  State/Division :  Country :

Phone :  Mobile :  E-mail :

### 2. Power of Attorney Holder's Passport Details

Passport No. :  Issue Place :  Issue Date :  Expiry Date :

### 3. Others Information of Power of Attorney Holder

**Residency:** Resident ☐ Non-Resident ☐ Nationality :  Date Of Birth   
D D M M Y Y Y Y

Power of Attorney Effective From  To   
D D M M Y Y Y Y D D M M Y Y Y Y

Remarks (Insert reference to POA document i.e. Specific POA or General POA etc.):

### 4. DECLARATION

The rules and regulations of the Depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/we further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name of applicants / Authorized signatories in case of Ltd Co.	Signature with date
POA Holder		
First Applicant		
Second Applicant		



# Electronic Credit and Debit Authorization

I, ....., Client of GSL, Code no. : .....

BOID 

1	2	0	1	7	0	0	0							
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 do hereby authorize **Globe Securities Ltd.** to follow any instructions by word of mouth (verbal instruction), telephone, email, text SMS or any other similar medium to conduct the following operations.

## 1. Electronic Credit Authorization

☐ I authorize GSL for Electronic Credit operation (Pull/Credit in the form of BEFTN/EFT/RTGS or similar) to my bank account recorded in CDBL against my BO account.

## 2. Electronic Debit Authorization

### Direct Debit Authorization & Mandate (DDA & DDM)

☐ I authorize GSL for Electronic Debit operation (Pull/Debit in the form of BEFTN/EFT/RTGS or similar) from my bank account in favour of my BO account at **Globe Securities Limited** given below.

## Bank Account Details for Electronic Debit Authorization

**Note:** Please provide all information of the bank account as per cheque leaf. This can be different from the bank account recorded in CDBL against my BO account.

Name : .....  
Name of the Bank : ..... Branch Name : .....  
Account No : ..... Routing No : .....






I further hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I would not hold Globe Securities Limited responsible. I agree to pay charges/fees for the Electronic Credit or Debit operation mentioned above.

\_\_\_\_\_  
Signature of the account holder






Date :

# List of Required Documents:




## Individual Account

-  2 Copies Color Passport Size Photograph (Lab Print)
-  Copy of National ID Card / Passport (For Both Account Holder And Nominee )
-  1 Copy Color Photograph of Nominee (Lab Print) Attested By Account Holder
-  Photo Copy of Cheque Leaf
-  TIN Certificate (Optional)

## Joint Account

-  2 Copies Color Passport Size Photograph (Lab Print) (For Both 1st And 2nd Account Holder)
-  Copy of National ID Card / Passport (For Both 1st And 2nd Account Holder)
-  1 Copy Color Photograph of Naminee Attested By Account Holder
-  Photo Copy of Cheque Leaf
-  TIN Certificate (Optional)

## Additional for NRB or Foreigner

-  Passport
-  Visa/Residential Permit and Work Permit
-  NITA Bank Account with supporting documents

## CORPORATE OFFICE

Alamin Millennium Tower, (9th Floor), 75 & 76, Kakrail, Dhaka-1000.

Phone : 02-48321751-52, 48321754-55, 48317331

E-mail : admin@globedse.com, Web : www.globedse.com

## HEAD OFFICE AND BRANCHES

### Head Office

DSE Building (2nd Floor), Room # 302 & 314  
9/F, Motijheel C/A, Dhaka-1000  
Phone : 223356083, 223380212, 01913532040  
Email : mjl@globedse.net

### Wapda Office

4, WAPDA Building  
Motijheel C/A, Dhaka-1000.  
Phone: 02-47122912, 223355806, 01913532029  
E-mail: wpd@globedse.net

### Nikunja Office

DSE Tower, Room No. 187, Level-10  
Plot No. 46, Road No. 21, Nikunja-2, Dhaka-1229.  
Phone: 02-41040153, 01951133368  
Email : nik@globedse.net

### Uttara Branch

Grandview, Plot # 03, Road # 15, Flat # A1  
Sector # 01, Uttara, Dhaka-1230  
Phone : 58957171, 58957052, 01913532020  
E-mail: utr@globedse.net

### Chattogram Branch

Delwar Bhaban (3rd Floor)  
104, Agrabad C/A, Chattogram  
Phone : 02333319483, 01913532007 & 9  
E-mail: ctg@globedse.net

### Biswanath Branch

Grand Complex (3rd Floor), Rampasha Road  
Natun Bazar, Biswanath, Sylhet-3130  
Ph: 02996645183, 01913532010-11  
E-mail: bis@globedse.net

### Noapara Branch

Anowara Mansion (1st Floor)  
Noapara Bazar, Noapara Paurosova  
Abhaynagar, Jessore.  
Phone : 01913532044

### Bagherhat Branch

House # 435, (Gnd Floor)  
Alia Madrasha Road, Bagherhat  
Phone : 046864831, 01995059268, 01765366697

### Bogura Branch

Merina Complex (3rd Floor)  
Temple Road, Shathmatha, Bogura  
Phone : 01730888851

### Mymensingh Branch

12/A, Swadeshi Bazar, (2nd Floor)  
Mymensingh Sadar, Mymensingh-2200  
Phone : 09163588, 01913532045

### Topkhana Office

Tropical Mahbub Plaza, (12th Floor)  
21/A Topkhana Road, Dhaka- 1000.  
Phone : 02-223388733, 01951133350  
E-mail : tpkh@globedse.net

### Dhanmondi Office

Dr. Refat Ullah Happy Arcade  
House # 3, Road # 3, Mirpur Rd.  
Dhanmondi R/A, Dhaka 1205.  
Phone: 02-9613003, 01913532018

### DOHS Baridhara Branch

Anannya Shopping Complex, Room No. 411  
(3rd Floor), DOHS Baridhara, Dhaka-1206.  
Phone : 02-8413132, 01913532014 -15  
E-mail: brd@globedse.net

### Farmgate Office

50, Bir Uttam Ziaur Rahman Road  
(Old Airport), Farmgate, Tejgaon  
Dhaka-1215  
Phone: 01819359893

### Rajshahi Branch

206 Shekher Chawk, Ghoramara- 6100  
Boalia, Rajshahi.  
Phone : 0247-812342, 01913532002  
E-mail: raj@globedse.net

### Sylhet Branch

Al Hamra Shopping City, (6th Floor)  
Zinda Bazar, Sylhet-3100.  
Phone : 0821-728079, 01913532004-5  
E-mail : syl@globedse.net

### Magura Branch

House # 89, Habibur Rahman Sarak  
Keshab More, P.O - Magura-7600  
P.S & Dist. Magura.  
Phone : 01913532034

### Beanibazar Branch

Hazi Abdus Sattar Shopping Complex,  
(2nd Floor), Beanibazar, Sylhet-3170  
Phone : 01913532028

### Madaripur Branch

Melbourne Plaza, (2nd Floor)  
Puran Bazar, P.O. Madaripur-7900  
Madaripur  
Phone : 01998099555, 01913532041