



সাউথইস্ট ব্যাংক ক্যাপিটাল সার্ভিসেস লিমিটেড

Southeast Bank Capital Services Limited

Withdrawal of Fund

Date									
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Name of the Client	
Portfolio Account No.	
Amount of Withdrawal	
Name of the Bank	
Bank Branch	
Routing Number	
Bank A/c no.	
Contact no. (Mobile)	
Signature of the Client	
Signature of the Authorized Person	

Special Instruction (If Any) :

Signature Verified by	Compliance Checked by	Approved by

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