



EDGE ALAMIN SHARIAH CONSUMER 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: [Grid] Mother: [Grid]
Occupation: [Grid] Registration No. (for existing unit holders only): [Grid]
Address: [Grid]
Contact No: [Grid] Nationality: [Grid] No of Units Held (if any): [Grid]
National ID/Passport No (if any): [Grid] Date of birth: [DD / MM / YYYY]
Residency: Resident Non-Resident Passport No (if any): [Grid]
Issue Place: [Grid] 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: [Grid]
City: [Grid] Postal Code: [Grid]
Division: [Grid] Country: [Grid]
Telephone: [Grid] Mobile: [Grid]
Fax: [Grid] Email: [Grid]

Signature(s)

Power of Attorney Holder's Signature

Applicant's Signature

For Office use only

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

[Grid for Issuing Office Sign, Seal & Stamp]

Issuing Office Sign, Seal & Stamp