The Company Secretary Al-Arafah Islami Bank Limited Al-Arafah Tower (Level-14) 63 Purana Paltan, Dhaka.

Date:

Dear Sir,

I/We ..... Shareholder(s) of the company request you to pay my/our unpaid for the period mentioned below:

Type of Claim	Self / Autorised / Nominee / Succession
BO ID/Folio*	
Number of Shares/Amount	
Email (As per CDBL records)	
Mobile Number (As per CDBL records)*	
National Identification Number (NID)*	
Bank/BO Account Number (As per CDBL records)*	
Name of the Bank/Brokerage House*	
Branch Name*	
Routing Number*	
Bank/BO Account Benificiary Name*	
Year of unpaid dividend with details*	
Warrant Number (If any)	
Nominee (If any)	
Authorized Person (If any)	
Succession Certificate (If any)	

Yours faithfully,

## ..... Signature of the Shareholder (As per NID/Record)

Address: ..... 

.....

Notes:

a) (\*) Must be filled
b) Shareholder must enclose NID and relevant documents evidencing BO ID, No. of shares and Bank Information.
c) The payment of Dividend shall be subject to verification.