**Application Form-A**

## CONTINENTAL INSURANCE LIMITED

Ideal Trade Centre (7th Floor), 102, Shahid Tajuddin Ahmed Sarani, Tejgaon, Dhaka-1208
**PABX:** 9139063, 8115679, 8124062, 8115811, FAX: 880-2-9146187
**E-Mail**: cilho1@aitlbd.net, **Website**: www.cilbd.com

**Rights Issue of 9,07,500 Ordinary Shares of Tk.100.00 each at an issue price of Tk. 150.00 each including a premium of Tk.50.00 per share offer to the Shareholders whose name appeared in the share register at the close of business on 19.01.2011.**

**Last Date of Acceptance and Application: April 03, 2011**

### FORM OF ACCEPTANCE AND APPLICATION FOR SHARES

**The Managing Director** **Dated: ...../...../2011**
Continental Insurance Limited
Ideal Trade Centre (7th Floor),
102, Shahid Tajuddin Ahmed Sarani,
Tejgaon, Dhaka-1208

**Dear Sir,**

I/We apply for allotment of ordinary shares indicated below in response to your letter of Rights Offer and Subject to the Memorandum and Articles of Association of the Company. I/We hereby agree to accept the shares as may be allotted to me/us on the terms laid down in the letter of offer and enclose the necessary remittance @ Tk.150.00 each including a premium of Tk.50.00 per share In cash or by Draft/Pay order/Cheque no..... dated..... drawn on..... Bank ..... Branch.

| Folio/BO Account No. | No. of Shares held at the close of business on **19.01.2011** | No. of Shares offered | No. of Shares Accepted | Total Amount Paid |
|---|---|---|---|---|
| | | | | |

Yours faithfully,

1. Name (in block).....Signature .....
   Address:.....
2. Name (in block).....Signature .....
   Address:.....

**BO Account No.**

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As per provision of the Depository Act, 1999 and regulations made thereunder, rights share shall only be issued in dematerialized condition. An applicant must apply for allotment of rights shares mentioning his/her Beneficiary Owner (BO) Account number in the application form.

**Note: Signature must be the same as was furnished to the Company earlier.**

### ACKNOWLEDGEMENT RECEIPT OF SHARE MONEY

Received Tk.....(Taka.....)only From Mr./Ms.....Folio/BO Account No.....for.....no.s of Rights Share of Continental Insurance Limited in Cash/Draft/Pay Order/Cheque No.....dated.....of .....Bank .....Branch

Application Sl. No. (Bank's Seal)

Date: