

SPECIMEN SIGNATURE CARD



PLEASE COMPLETE IN BLOCK LETTERS (USE BLACK INK ONLY)

Account Name:

Account Type:

Address:

Telephone Contacts - Home:

Office: Mobile No:

Email:

A/C.No.:

Branch Stamp

Signing Instructions:

Please indicate how you wish to be signing on your account:

- Solely
- All to Sign
- Either or
- Other (Please specify)

Bank use only:

Signature(s) authenticated by: Date:

OPS/030

Specimen Signature(s)

Signature box 1

Name:

ID No:

Signature box 2

Name:

ID No:

Signature box 3

Name:

ID No:

Signature box 4

Name:

ID No:

SPECIMEN SIGNATURE CARD

Photo

Photo box 1

Photo box 2

Photo box 3

Photo box 4