

SPECIMEN SIGNATURE CARD



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A/C. No.

NAME _____

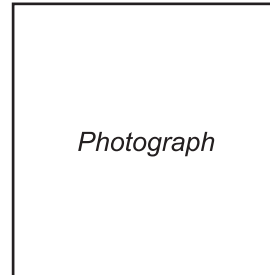
ADDRESS _____ Tel. Nos. _____

SIGNATORIES TO ACCOUNT

Name

Position

Signature

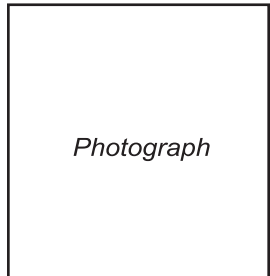


SEE BACK FOR ADDITIONAL SIGNATURE SPACE

Name

Position

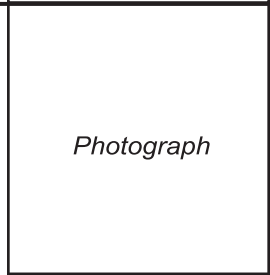
Signature



Name

Position

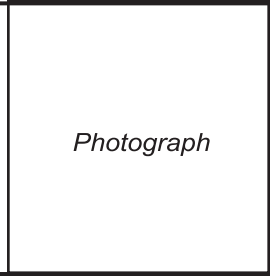
Signature



Name

Position

Signature



Authorised Combination

PLEASE CROSS OUT UNUSED SPACE(S)