

**SPECIMEN SIGNATURES**

Date:

Name

Account No

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Address

**Name(s) in full**

Please write name in the box(es) below

**Signature(s)**

Please sign entirely within the box(es) below  
USE BLACK INK/PEN ONLY

**Passport-size photo**

Approval

**Signature**

Branch Manager

Signature

Relationship Manager

Signature

Signature Mandate

Remarks

Company Stamp

Please rule out space not used.