

SPECIMEN SIGNATURE CARD

NAME: _____

DATE _____

REGISTERED ADDRESS: _____

TELEPHONE NO(S) _____

E-MAIL ADDRESS _____

MAILING ADDRESS: _____

FAX NO(S) _____

BIRTHDAY: _____

ACCOUNT NUMBER _____

WEDDING ANNIVERSARY _____

Title (Mr, Mrs etc)	Name	Signatory Capacity	Photograph
Signature			
Title (Mr, Mrs etc)	Name	Signatory Capacity	Photograph
Signature			
Authorised combination (For Joint account holders)			

Name and Signature of relationship officer

Title (Mr, Mrs etc)	Name	Signatory Capacity	Photograph
Signature			
Title (Mr, Mrs etc)	Name	Signatory Capacity	Photograph
Signature			
Title (Mr, Mrs etc)	Name	Signatory Capacity	Photograph
Signature			

Company Stamp/Seal required YES NO

Stamp/Seal Specimen

Please rule out spaces not used