

Signature Card

Account No.: Date Opened:

Individual A/C Joint A/C Corporate A/C

Name of Account:

Correspondent Address:

Telephone No.: Nature of Business:

Certificate of Incorporation No: Country of Incorporation:

Specimen Authorised Signatures

	Name:	I.D/Passport No.	Signature
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Specimen of Business Chop/Seal:

Note 1: The account can be operated on the instructions of any two or more signatures/any one signature*(If more than one authorised signatures)

Note 2: The attached general terms and conditions to the operation of this account must be completed and signed by the client

For Official Use Only

Introduced by:

Documentation Checked by:

Approved by:

Name of Sales Rep:

How Long Known to Sales Rep:

Bank and Credit Reference Obtained: Yes No