



## SPECIMEN SIGNATURE

Customer Name :	CIS :
Address :	ACCOUNT NUMBER (s):
Telephone No : Fax No :	
I/ We acknowledge receipt of a copy of the terms and conditions for account operations which we have read and fully understand and hereby agree to conform to them. The authorised signature (s) is/are as follows:	
(1) Name : ID/Passport No. :	(2) Name : ID/Passport No. :
(3) Name : ID/Passport No. :	(4) Name : ID/Passport No. :
(5) Name : ID/Passport No. :	(6) Name : ID/Passport No. :
(7) Name : ID/Passport No. :	(8) Name : ID/Passport No. :
Operating Instruction: <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Either or Survivor	
Others (Please Specify) -----	
For office use only	
Processed by : Authorised by :	