

Licensed under the Financial Services Act 2010
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Specimen Signature Card

ACCOUNT INFORMATION

Account Name: _____

Account Number: _____

Customer Type (✓)

☐ Individual ☐ Sole Proprietor ☐ Partnership

☐ Company ☐ Club/Association ☐ Trust

☐ Other: _____

CONTACT DETAILS

Physical Address

Telephone Number: _____

Email Address: _____

AUTHORIZED SIGNATORY

Name of Signatory

Designation

Specimen Signature

FOR OFFICIAL USE ONLY

Verified By: _____

Signature: _____

Date: _____

Branch: _____