



SIGNATURE CARD

Account No.

Customer No.

*Delete as appropriate
† For Business Accounts only

Account Name (in Block Letters)

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:
Designation†:

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:
Designation†:

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:
Designation†:

(Please ensure that your signature does not overlap the box provided)

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Designation†:

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ID Type/No:

Name of Signatory:
Designation†:

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:
Designation†:

Signing Instructions

BANK USE ONLY

Checked/Bank stamp and
Authorised Signature

Checked/Signature Scanned

Number of Signatories :