







# ESTATE MICROFINANCE BANK LTD.

## SPECIMEN SIGNATURES

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Name:

Address:

Tel No.

	DETAILS	CLASS	PHOTOGRAPH
1.	Name		
	Title		
	Signature		
2.	Name		
	Title		
	Signature		
Authorised combination (where applicable)		Specimen Company Stamp Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Please Affix Specimen Stamp	

	DETAILS	CLASS	PHOTOGRAPH
3.	Name		
	Title		
	Signature		
4.	Name		
	Title		
	Signature		
5.	Name		
	Title		
	Signature		
<b>FOR OFFICIAL USE ONLY</b> Identity Confirmation Questions (1) (2) (3)		<b>ATTESTATION</b> Signatures appended by the duly identified named persons in the presence of: Name _____ Sign _____	