

**Specimen
Signature Card**
(for business entities)

BANK MARK

Account Holder _____
(full name)

Permit for
specimen of signature

Authorized officer of
the bank _____
(signature)

Address: _____

Date: " ____ " _____ 20__

OTHER MARKS

Reverse

_____ Account number _____
(name of business entity)

Position	Full name	Specimen of signatures
The first signature		
The second signature		

Term of officers temporarily
exercising right of the first
or second signature

I certify the authorities and signatures _____
(Head of legal entity) (Full name and signature)

Issued chequebooks		
Date:	from No.	to No.

