

Face

**Specimen
Signature and Seal Card**

BANK MARK

Account Holder _____
(full name)

Permit for
specimen of signature

Authorized officer of
the bank _____
(signature)

Address: _____

Date: " ____ " _____ 20__

OTHER MARKS

Reverse

(name of business entity)

Account number _____

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

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

Place of business entity seal,
certifying authorities and signature

Certify _____
(Head of legal entity) (Full name and signature)

Issued chequebooks		
Date:	from No.	to No.

