

## SPECIMEN SIGNATURE CARD (Corporate)

 ACCOUNT NAME: *(Please write clearly in block letters)*

POSTAL ADDRESS: (No. &amp; Street, Building, Town/District, City/Province, Postal/Zip Code, Country)

TELEPHONE NO.:

FAX NO.:

TIN:

 SIGNATURE REQUIREMENT: (Please tick one)     Single     Any two     Others \_\_\_\_\_

(Each signatory must have three specimen signatures)

1) Name and Position: <i>(Please Print)</i>	2) Name and Position: <i>(Please Print)</i>

(Each signatory must have three specimen signatures)

3) Name and Position: <i>(Please Print)</i>	4) Name and Position: <i>(Please Print)</i>
5) Name and Position: <i>(Please Print)</i>	6) Name and Position: <i>(Please Print)</i>

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