## FIRST ROYAL MICROFINANCE BANK LIMITED

## SPECIMEN SIGNATURE CARD-COMPANIES

CURRENT ACCOUNT SAVINGS ACCOUNT DEPOSIT ACCOUNT		Affix Passport here	Affix Passport here	Affix Passport here	
DATE ACCOUNT OPENED					
FULL NAME OF ACCOUNT					
REGISTERED ADDRESS					
LOCAL ADDRESS		•••••		······································	
DATE OF REGISTRATION					
PHONE NUMBER	3"				
NATURE OF BUSINESS					
SIGNING INSTRUCTION					
FULL NAME	SIGNATORIES CAPACITY		SPECIMEN	SPECIMEN SIGNATURE	
			z. *		
	••••				
		ITRODUCED BY	<b>(</b> ,		
	FOR OF	FICIAL USE			
Account Number:					
Signature witnessed by:	Au	thenticated by:		Date:	

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