



सेभिङ्ग एण्ड क्रेडिट को-अपरेटिव लि.  
Pashupati Savings & Credit Co-Operative Ltd.

## SIGNATURE SPECIMEN CARD

Date : \_\_\_\_\_

Full Title of Account :

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Account No. :

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Type of Account : \_\_\_\_\_

Account Operation :

Single  Any two  Any three  Joint

No. of Signature required: \_\_\_\_\_

Special Instructions :

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(A) Name:		(B) Name:	
Signature:	Photo	Signature:	Photo
(C) Name:		(D) Name:	
Signature:	Photo	Signature:	Photo

For office use only:

Contact No.:

Verified by	Approved by	Scanned by	Image Approved by

Note: Please use black ink for signing