National Bank of Malaŵi
Registered under the Banking Act 1989

Date: _____

To: _____

_____

_____

From: _____

SPECIMEN SIGNATURE(S) FORM

Account Number: | | | | | | | | | | | | | |

Account Name: | |

* Kindly provide us with specimens of your signatures on the space provided(using black ink) below to enable us up-date our records.

* If an account has more than one signatory, please provide signing instructions.

Signatorys' Name

Signature

Signatory's Name

Signature

Signatory's Name

Signature

Signatory's Name

Signature

SIGNING INSTRUCTIONS:

☐ Anyone to sign ☐ two to sign jointly ☐ Three to sign ☐ All to sign

(Tick applicable area)

Account Holder's Authorisation/Signature(s)
(In line with Existing Mandates)

Signature: _____

Designation: _____

NB: For Limited Companies, Clubs and Societies this form should be supported by a certified Board Resolution for Re-Appointment of the Signatory/Signatories.

Signature: _____

Designation: _____

FOR BANK'S USE

BANK OFFICIAL'S SIGNATURE:.....

AUTHENTICATED BY:.....