

# SIGNATURE CARD

UNION TRUST BANK LIMITED

NAME \_\_\_\_\_  
(SURNAME FIRST)

PHOTOGRAPH

A/C NO: \_\_\_\_\_

Name(s) in full	Signature(s)

Signature Mandate:

P.T.O

## PARTICULARS

ADDRESS: \_\_\_\_\_

TEL NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

INITIAL DEPOSIT: \_\_\_\_\_

IDENTIFICATION: \_\_\_\_\_

SIGNATURE SIGNED IN THE PRESENCE OF: \_\_\_\_\_  
BANK STAFF

DATE: \_\_\_\_\_