

SPECIMEN SIGNATURE FORM

COMPANY/ORGANIZATION..............................................................

1. AUTHORISED SIGNATORY

NAME: .........................................................................................................................................

DESIGNATION: .........................................................................................................................

TEL. NO: ................................................... EMAIL: ..................................................................

(Specimen Signature)

1. AUTHORISED SIGNATORY

NAME...........................................................................................................................................

DESIGNATION...........................................................................................................................

TEL. NO: .................................................... EMAIL: .................................................................

(Specimen Signature)

 (Official Stamp/Seal)