

**LANDBANK****SPECIMEN SIGNATURE CARD**

Branch	Date (mm/dd/yyyy)	Account Number									
Account Type	Initial Deposit										
Account Name (First Name, Middle Name, Last Name [for Individual] or Company Name)		PHOTO									
Name of Signatory (First Name, Middle Name, Last Name) Signatory ____ of ____											
For ASVS/OSVS		Purpose of Account Opening									
		Expected Amount of Deposits in a Month									
		Frequency of Deposit in a Month									
Opened by:	Authenticated by:	Approved by:									
_____ (Signature over Printed Name)	_____ (Signature over Printed Name)	_____ (Signature over Printed Name)									

Delivery Instruction:	<input type="checkbox"/> For Mailing	<input type="checkbox"/> For Pick-up	Contact Number/s:
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FOR BANK'S USE ONLY

Special Instruction/s:

	Date	Signatures of Designated Custodians	
Dormancy			
Reactivation			

Remarks

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