

(Please complete this form in block letters)

F2

To: The Manager Branch. Date

D	D	M	M	Y	Y	Y	Y
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At a meeting held on _____ day of _____ 20 ____ It was resolved that the following officials be authorized to sign on behalf of _____

A/c Name _____ A/c No.

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Held in _____ branch and shall sign in accordance with the current signing mandate in your possession.

All cheques other than orders for the payments or disposal of moneys, securities or safe custody boxes, whether the account be in credit or overdrawn shall be signed by the said incoming signatories and that you may consider them to be holding their respective offices until you receive further notice in writing rescinding the same. A copy of this resolution, together with specimen signatures and photos of officers empowered to sign hereunder is forwarded to the bank.

Incoming signatories *(cross unutilized spaces)*

Signature
(Sign in box below)

Photo No. / Attach
(official use only)

1. Full name _____
Designation _____
ID Number _____
Mobile No. _____
Email _____

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2. Full Name _____
Designation _____
ID Number _____
Mobile No. _____
Email _____

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3. Full Name _____
Designation _____
ID Number _____
Mobile No. _____
Email _____

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4. Full Name _____
Designation _____
ID Number _____
Mobile No. _____
Email _____

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NB: Outgoing signatories to sign overleaf

Continued...

(Please complete this form in block letters)

F2

5. Full Name _____
Designation _____
ID Number _____
Mobile No. _____
Email _____

6. Full Name _____
Designation _____
ID Number _____
Mobile No. _____
Email _____

NB: If signatories are more than the provided spaces attach another form F2 and affix signatures and photos accordingly

Signing instructions All Any two Any three Other (Specify) _____

Outgoing signatories (Cross unutilized spaces)

Signature
(Sign in box below)

1. Full Name _____
Previous designation _____
Mobile No. _____
ID No. _____

2. Full Name _____
Previous designation _____
Mobile No. _____
ID No. _____

3. Full Name _____
Previous designation _____
Mobile No. _____
ID No. _____

4. Full Name _____
Previous designation _____
Mobile No. _____
ID No. _____

5. Full Name _____
Previous designation _____
Mobile No. _____
ID No. _____

For official use only: - KYC Checklist (Confirm) A/C No A/C Name Signatures ID No.
 Introduction letter (where applicable) Contact details have been updated at the branch

AUTHORISED BY (ASR) _____ (Signature and stamp) _____ Date

D	D	M	M	Y	Y	Y	Y
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CONFIRMED BY (ASO) _____ (Signature and stamp) _____ Date

D	D	M	M	Y	Y	Y	Y
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