Specimen Signature Card

For Institutional / Corporate Account Holders

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Date: ____-____-_____

Section 1: Account Details

Account Title: _____ JSIL Account No.: _____ _____

Contact Name (For Institutions): _____ NTN: _____

Section 2: Signature Specimen as per CNIC (for all Applicants)

Note: Specimen signatures are maintained for account operation purposes and are subject to the authorization provided in the relevant Board/Trust Resolution or mandate.

Authorized Signatory 1:

Name: _____

CNIC / Passport No: _____

Authorized Signatory 2:

Name: _____

CNIC / Passport No: _____

Authorized Signatory 3:

Name: _____

CNIC / Passport No: _____

Authorized Signatory 4:

Name: _____

CNIC / Passport No: _____

Authorized Signatory 5:

Name: _____

CNIC / Passport No: _____

Authorized Signatory 6:

Name: _____

CNIC / Passport No: _____

Authorized Signatory 7:

Name: _____

CNIC / Passport No: _____

Authorized Signatory 8:

Name: _____

CNIC / Passport No: _____

For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____

Relationship Manager: _____ Comments: _____