



Mutual Benefits Microfinance Bank Ltd.

RC. 725150

PASSPORT PHOTOGRAPH(S)

SIGNATURE CARD - CURRENT ACCOUNT

Account No:

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ACCOUNT NAME:	
HOME ADDRESS:	
OFFICE ADDRESS:	
TELEPHONE NO. (S):	
E-MAIL ADDRESS:	

NAME/POSITION IN FULL		SIGNATORY TYPE	SIGNATURE
1. NAME POSITION			
2. NAME POSITION			
3. NAME POSITION			
FOR BANK USE		SIGNATURE MANDATE	
CSU INITIAL DATE	DATE ACCOUNT OPENED		
		COMPANY STAMP/SEAL REQUIRED?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

Photograph

Photograph

1st Signatory
First Name
Middle Name
Last Name
Category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Signature

2nd Signatory
First Name
Middle Name
Last Name
Category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Signature

Photograph

Photograph

3rd Signatory
First Name
Middle Name
Last Name
Category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Signature

4th Signatory
First Name
Middle Name
Last Name
Category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Signature