MCB Bank for Life

SPECIMEN SIGNATURES CARD

BRANCH: _____ CODE: | | | | | DATE: | | | | | | | | | | |

ACCOUNT TITLE: _____

ACCOUNT NUMBER / IBAN: | | | | | | | | | | | | | | | | | | | | | | |

NAME: _____ NAME: _____

NAME: _____ NAME: _____

SIGNATURE REQUIREMENT: ☐ SINGLE ☐ JOINT ☐ EITHER OR SURVIVOR ☐ OTHER: _____