

CAPITAL ALLIANCE LIMITED
SPECIMEN SIGNATURE CARD

DATE _____

NAME _____

CLIENT CODE CDS CODE

Please use a Black ballpoint pen when placing your signature inside the box

<i>Please sign here</i>	<i>Please sign here</i>
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NAME _____ NAME _____

Full name of the above signatory

Full name of the above signatory

NIC/PPT NO _____ NIC/PPT NO _____

OPERATING INSTRUCTIONS :

FOR OFFICE USE :

[Redacted area]

DEALER

BRANCH

[Redacted area]

