



Kasthamandap Development Bank Ltd.

SPECIMEN SIGNATURE CARD

Date :

Account No. :

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Account Type :

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Account Holder's Name :

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Address : _____ Telephone No. _____

The Bank is authorized to honour and charge to my/our account cheques/Bills of Exchange/Promissory Notes/requests, agreement forms for Guarantees, foreign exchange contracts, extension and amendments there to signed by the below mentioned signatory(ies)

PHOTO/STAMP	NAME 1 :	PHOTO/STAMP	NAME 2 :
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PHOTO/STAMP	NAME 3 :	PHOTO/STAMP	NAME 4 :
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ACCOUNT OPERATION : Single Any Two Joint No. of signature required _____

Special Instruction

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Sign. Scanned by.....
Sign. Verified by.....
Sign. Approved by

CARD NO. of