Form No. WCB No. 2

The Women's Co-operative Bank Ltd. Name & Designation

Phone No:

SPECIMEN SIGNATURE

A/c. No._____ Title of the account _____ Mode of operation ______ to operate ______to SEVERALLY will sign as Mrs. / Miss _____ Mrs. / Miss _____ Mrs. / Miss _____ Mrs. / Miss _____ Signature admitted. Accountant / Agent / Manager
The Women's Co-operative Bank Ltd. Date : _____