

Specimen Signature Card (INSTITUTIONS)

Account Name		
Address (Please indicate zip code)		
Contact Person	Contact Number/s	Position
Restrictions	Type of Signatory (e.g. A, B) Limitations	<input type="checkbox"/> Any one <input type="checkbox"/> Any two <input type="checkbox"/> Others _____
Please sign three (3) times		
Signatory 1 (Print Name)	Signatory 2 (Print Name)	Signatory 3 (Print Name)
1	1	1
2	2	2
3	3	3
Authenticated By (Should be the Corp. Secretary or Asst. Corp. Secretary):		
Name	Signature	Date
Signature Verification (FOR PHILEQUITY USE ONLY)		
Verified By	Approved By	Date