SIGNATURE CARD

Account Number		Tel. No
Name 1		Name 2.
× ×		
(Please sign in the box abov	e)	(Please sign in the box above)
SIGNATURE REQUIREMENTS :		
☐ Single ☐ Joint-Signing Jointly	☐ Either or Survivor	Other (Please specify)
Total Number of Signatories		DDMMYYYY
	FOR BANK USE	ONLY
VERIFIED BY:		— EVTD
APPROVED BY :		~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

e 1	Name 2
(Please sign in the box above)	(Please sign in the box above)
Please affix most recent colour Photograph Sign across Photograph	Please affix most recent colour Photograph Sign across Photograph
JSC VTB	Bank, New Delhi Branch