



## SIGNATURE SPECIMEN CARD

DATE

ACCOUNT NAME		ACCOUNT NUMBER
SIGNATURE COMBINATION		
This is to authorize ROBINSONS BANK to honor/recognize the following signature/s in the payment of funds or transaction of other business involving the above Account/Investment.		
ALL ANY ONE	ANY TWO OTHERS	
AUTHORIZED SIGNATORIES		
CLIENT NAME (Last Name, First Name, Middle Name)		EMAIL ADDRESS
AFFIX SIGNATURE		
1)	2)	3)
CLIENT NAME (Last Name, First Name, Middle Name)		EMAIL ADDRESS
AFFIX SIGNATURE		
1)	2)	3)
By affixing the above signatures, I/we authorize ROBINSONS BANK to openAccount/Investment. I/We hereby acknowledge that I/we have read and understood the terms and conditions and other agreements governing the establishment and opening of above Account/Investment and agree to be bound by said terms and conditions and other agreements. Please consider the above signatures in the disbursement of funds and other released banking transactions of said Account/Investment.		
FOR BANK'S USE ONLY		
SIGNATURE TAKEN / AUTHENTICATED BY / DATE	APPROVED BY / DATE	SCANNED BY / DATE
SIGNATURE COMBINATION		
Robinsons Bank Director  Shareholder  Robinsons Bank Employee Employee Number:	ATTACH 1"x1"	
Relative of Robinsons Bank Employee  Employee Name:		L J
Relative of Shareholder	CLIENT NAME (Last Name, First Name, Middle Name)	CLIENT NAME (Last Name, First Name, Middle Name)
Shareholder Name:		
REMARKS		