

# Specimen Signatures Form

## For bank use only

Branch sort code

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Date completed

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Account number(s)

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Please provide your name & signature in the boxes below.

First customer's name

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First customer's signature

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**IMPORTANT INFORMATION - PLEASE READ CAREFULLY**

**Please ensure all sections are fully completed using black ink.**

Please do not mark or write on the front of the specimen signature slip except in the designated boxes.