

SIGNATURE VERIFICATION FORM

Name: _____

Mobile No: _____

Address: _____

Bank Account Detail

Bank Account No: _____ IFSC CODE: _____

A/C Type: _____

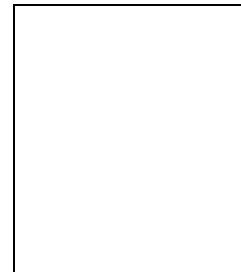
Bank Name: _____

Branch Name: _____

Signature/s (as per Mode of Holding in Folio):

1st Holder

Authorized Signatory



Signature Verified

(Signature of the Branch Manager with Official Seal and Bank Stamp)

Name: _____

Designation: _____ Employee Code _____

Bank phone Number: _____

Date: _____