

# Signature Card

Br:

Surname		CIF N°	
First		DOB (Yr)	(Mth) (Dy)
Middle		TRN	
Title		SSN / NI / TIN / SIN	

By signing this card, I agree to be bound by the Terms & Conditions governing the opening of accounts, and to adhere to the rules of the Victoria Mutual Building Society. I further declare that this is the signature I will use in all my transactions with the Society.

(Specimen Signature) Please sign in black and within the red box

\_\_\_\_\_  
Name of Verifier

\_\_\_\_\_  
Signature of Verifier

\_\_\_\_\_  
Date

AFFIX STAMP/SEAL  
OF OFFICE HERE

# Signature Card

## For Office Use Only

Signature scanned and associated by:

Date: (Yr)					(Mth)		(Dy)		
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Signature committed by:

Date: (Yr)					(Mth)		(Dy)		
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**Comments/Endorsements:** \_\_\_\_\_

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