The Nasik Merchants' Co-op Bank Ltd., Nashik

(Multi-State Scheduled Bank)

Administrative Office : A/16 Babubhai Rathi Chowk, Industrial Estate, Netaji Subhashchandra Bose Marg, Satpur, Nashik 422007.

Branch Name : _____

शाखा नांव

Specimen Signature Form

सहीचा नमुना फॉर्म

Customer ID No. **नांव**

Date : **दिनांक**

(For Bank use only)

Please fill in the form in CAPITAL / BLOCK letters and boxes wherever applicable **(Signature black ink only)**

Whose name account to be opened **(ज्या नांवाने खाते उघडावयाचे त्याचे नांव / संयुक्त किंवा वैयक्तिक)**

Mr. / Mrs. / Ms. / Mas. _____

(In Case of individual / Joint Accounts Only)

Name of individual / Joint in whose name account to be opened **(वैयक्तिक संपूर्ण नांव अथवा संयुक्त)**	Specimen Signature / s **(सहीचा नमुना)**	Photo / s **(छायाचित्र)**
1._____	1._____	1
2._____	2._____	2
3._____	3._____	3
4._____	4._____	4

For use by banks official only **(फक्त कार्यालयीन कामाकाजासाठी)**

We confirm that the account is opened in the Branch. The account details are verified by us along with the signature's & the original records are maintained with us.

Signature of the Officer : _____

Employee No. : _____

Date : _____

Signature of the Branch Head : _____

Employee No. : _____

Date : _____

Scanned by Employee No. _____ Date _____ Signature _____