

SIGNATURE CARD

ACCOUNT NAME			BENEFICIAL OWNER/S OR BENEFICIARY/IES (if applicable)			
CONTACT PERSON/S:						
Name	Name Phone No.		Fax No.		Email Address	
					·.	
ACCOUNT TYPE:						
☐ Individual	Partnership		SPS.	Others		
Sole Proprietorship	Corporation		Joint "AND"			
SIGNATURE REQUIREMENT:	-					
☐ ANY ONE	ANY TWO		ALL	OTHERS	<u> </u>	
	AUTHORIZ	ED SIGNATORY (IE	S) / SPECIMEN SIGNATU	RE (S)		
NAME CLIENT ID (For Principal)			NAME CLIENT ID (For Principal)		or Principal)	
Signature			Signature			
		Please insert			Blace in an	
Signature			Signature		Please insert	
		1" x 1"			1" x 1"	
Signature		photo here	Signature		photo here	
TYPE OF ID/ ID NO./ EXPIRY DATE			TYPE OF ID/ ID NO./ EXPIRY DATE			
				· · · · · · · · · · · · · · · · · · ·		
By affixing the above specimen signatures, I/w	hereby authorize RCE	C Leasing and Finance	Corporation to disburse fund	s as well as honor other relate	ed transactions on the basis hereof,	
in relation to the loans/lease account I/we esta	blish in the future.					
ACCOUNT NUMBER						
			CLIENT ID (For Business Account)			
INTRODUCED BY AUTHENTICATED BY			APPROVED BY DATE APPROVED			
				DATEAR	110425	
					2.	