



ANNEXURE

**AUTHORISED PERSONS**

Name of Authorised Person	Identity Card Number / Passport Number	Specimen Signature

Signing Conditions: Tick where applicable  
 Any \_\_\_\_\_ to sign       All to sign

**Signed and passed by the ALL Board of Directors**

Name of Director	Identity Card Number / Passport Number	Specimen Signature

Date : 

D	D	/	M	M	/	Y	Y	Y	Y
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**Footnote**

- <sup>1</sup> Authorised Person - Signing limit of Account is NOT applicable.
- <sup>2</sup> Authorised Signatory - Please indicate the signing conditions and signing limit in the Signature Form.
- <sup>3</sup> Authorised User - Please indicate the appointment in the application / maintenance form.



