



SPECIMEN SIGNATURE CARD

S. No. _____ Code No. _____ Date: _____

Company/Firm Name: _____

Address: _____

STATUS OF THE FIRM CORPORATE/ASSOCIATE MEMBER: _____

Paste the Photograph

Name of Authorized Representative (Proprietor/Partner/Director)	Signature with Company Stamp
Name: _____	
Status: _____	
CNIC No. _____	
NAME OF PARTNERS/DIRECTORS	SIGNATURES
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____