

For Office Use Only

Signature scanned and associated by:

Date: (Yr) | | | | (Mth) | | | | (Dy) | | | |

Signature committed by:

Date: (Yr) | | | | (Mth) | | | | (Dy) | | | |

Comments/Endorsements: _____

Br: | | | |

Signature Card

Surname		CIF No.	
First		DOB (Yr)	(Mth) (Dy)
Middle		TRN	
Title		SSN / NI / TIN / SIN	

By signing this card, I agree to be bound by the Terms & Condition governing the operation 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 ink and within the red box.

Name of Verifier

Signature of Verifier

Date

AFFIX STAMP/SEAL
OF OFFICE HERE