

# SPECIMEN SIGNATURE FORM



LC RELATED INFORMATION				
APPLICANT NAME				
BENEFICIARY NAME				
LC Number		LC CURRENCY		LC AMOUNT

The name(s) and specimen signature(s) of our authorized representative(s) is/are as follows, who will counter sign the commercial invoice/delivery note as per the terms of this LC

Name		SPECIMEN SIGNATURE	
Name		SPECIMEN SIGNATURE	
Name		SPECIMEN SIGNATURE	
Name		SPECIMEN SIGNATURE	
Name		SPECIMEN SIGNATURE	

FOR NCB INTERNAL VALIDATION	
AUTHORIZED SIGNATURE(S)	