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Berhan Bank S.C.

_____/Department/Branch

Local Account No. _____

Customer No. _____

Date: _____

Non Residence Account Specimen Signature Form

1) Name of Organization _____

2) Signatory's Full name _____

3) Mother's Full Name (Signatory) _____

4) Gender: ☐ Female ☐ Male Nationality: _____

Date of Birth _____ Marital status: ☐ Single ☐ Married ☐ Other (specify) _____

5) Signatory Residence Address City _____ SubCity _____

Woreda _____ House No. _____ Office Phone _____ Mobile _____

6) P.O.Box _____ /Email _____

7) Valid ID Details: ID/Passport No. _____ place of Issue _____

ID/Passport Issueing Authority _____

8) Date of Issue _____ Expiry Date _____

I authorize the bank to account the specimen signature appearing here below as valid and genuine to operate the stated Organization account.

Signature 1) _____ 2) _____ 3) _____

For office use only

NR A/C No. _____ Account Opened by _____

Approved by _____ Checked by (Internal Auditor) _____

It is important that you complete this application form in full and sign as required.

Missing information may cause a dela