



Specimen Signature Card

I. MEMBER'S INFORMATION (Member 1)

Full Name (Last Name, First Name, Middle Name)

Mobile/Landline Number

Email Address

MEMBER'S SIGNATURE

II. MEMBER'S INFORMATION (Member 2)

Full Name (Last Name, First Name, Middle Name)

Mobile/Landline Number

Email Address

MEMBER'S SIGNATURE

By affixing my/our signatures above, I/we hereby authorize NSCC MPC to disburse funds as well as honor other related transactions on the basis thereof, in relation to the account(s)/investment(s) I/we maintain with the NSCC MPC.

Purpose of Account Opening

Savings Business Investment

Others: _____

Account Number / CTD Number

Account Classification

Individual Joint 'AND' Joint 'OR'

Others: _____

Date Opened (mm/dd/yyyy)

/ /

Account Type

Savings Time Deposit

Others: _____

Signature Requirements

All (Joint 'AND') Anyone (Joint 'OR')

Others: _____

Verified by

Name/Initials

Date (mm/dd/yyyy)

/ /

Approved by

Name/Initials

Date (mm/dd/yyyy)

/ /

Main Office: NSCC Plaza, Don Alejandro Quirolgico, Caoayan, Ilocos Sur
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