

# Signature Change Request Form

Note: Please complete in BLOCK letters and sign in the appropriate space.

Date:   <sup>DD</sup>   <sup>MM</sup>     <sup>YYYY</sup>

The Manager  
Bank Nizwa  
Branch: \_\_\_\_\_

I/We wish to change my/our signature in your record for the following account No.:

- Account Name: \_\_\_\_\_
- Account Name: \_\_\_\_\_
- Account Name: \_\_\_\_\_

## NATURE OF ACCOUNT

Single  Joint  Others: \_\_\_\_\_

## SPECIMEN SIGNATURE

Existing Signature	New Signature

## DECLARATION

I/We indemnify the following:

- I/We fully authorise the bank and its officials to change the above signatures in the bank records at my/our risk and responsibilities.
- I/We will compensate the bank or its staff in case the bank or its staff suffers any loss due to change in my/our signature(s).

## CUSTOMER DETAILS

Customer Name(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Customer's New Signature(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

## FOR BANK USE ONLY

Signature Verified by:	Processed by:	Approved by:
Staff Name & ID: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____