

_____ BRANCH



DATE _____

ACCOUNT NO _____

NAME OF LESSEE (S) / LOCKER HOLDER _____

(Please sign in ink)
(CAUTION: UNUSED BOXES TO BE MARKED "VOID")

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

NAME

SIGNATURE

ABOVE SIGNATURES ARE VERIFIED BY (NAME _____) SIGNATURE _____

FOR BANK'S USE ONLY

TO OPERATE SINGLY/JOINTLY WITH ANY _____ SIGNATORY

APPROVED

Decent 18-04-2016
SR # 21