



THE ESTATES STAFFS' PROVIDENT SOCIETY

PLEASE COMPLETE AND RETURN

SPECIMEN SIGNATURE OF

Mr/Mrs/Miss

(Full Name)

Membership Number.....

Postal Address

.....

(1)

(2)

(3)

ONE Form of Signature required in THREE places.

I hereby certify that the above are Specimen Signatures of
Mr./Mrs./Misswho is Employed
on Estate/Organization and contributes to
the Estates Staffs' Provident Society under membership number
.....

Signature

Superintendent/Authorized Officer

(Official Rubber Stamp)

.....Estate/Organization

Witnesses :-

(1) Signature

Designation

Address

Date :

(2) Signature

Designation

Address

Date :