A	सेन्ट्रल फाईनान्स लिमिटेड
	Central Finance Limited
	Serving Your Financial Needs

SIGNATURE SPECIMEN CARD

	Date:	
Account Holder's Name:		
Account Title:	Account No.:	
Name:	Name:	
Name:	Name:	
G 11 X		
Special Instruction (if any):		
Entered By	Approv	ed By