PROFORMA FOR CHANGE IN AUTHORISED SIGNATORIES

(Please fill up all the columns of the Proforma carefully.)

Name and full Address of the Office_____

Location Code _____

Mobile No of the DDO 96461……

Bank A/C No _____

Local Branch Code of S.B.O.P _____

C No 120081.0 Accord P.P **2nd Sig,(B) 1st Sig,(A)**	Constituent's Name and Address	Nature of Account/A/c No. Specimen Sig. No.
	Specimen Signature **Name DDO (A) / Supdt(B) Signature**	
	1. 2(Alt)	Signature of the Verifying Officer
	3. 4(Alt)	No. of Specimen Sig. Taken
	Special Instructions (Any one from A & B jointly)	
	Signature of Constituent (s)	Manager

Sr No	**Name**	**Designation**	**Mobile No**
1			
2(Alt)			
3			
4(Alt)			

Office Stamp

Attested by Other DDO
(With full Name , Office Stamp, Mobile No and Location Code)

Countersigned by Next higher authority
(With full name, office stamp and Mobile No.)