(BANK LETTERHEAD)

Date

| CERTIFICATION | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| TO WHOM IT MAY CONCERN: | |
| This is to certify that Mr./Ms. | is client of |
| Name of Bank | _, and we further certify the authenticity |
| of his/her signature which he/she signed in our p | resence. |
| | |
| | |
| This certification is issued upon the reque | est of the above named client for |
| whatever purpose it may serve. | |
| | |
| | |
| | |
| | (Signature of Branch Manager/Signatory over printed name) |
| | |
| | |
| | |
| (Signature of Depositor/Client over printed name | e) |
| Attached: 2 valid ID's of Branch Manager (photocopy) 2 valid ID's of Depositor (photocopy) | |