

## DETAILS OF AUTHORIZED SIGNATORY FORM

Name	<input type="text"/>									
	(Title)	(Surname)	(First Name)				(Middle Name)			
Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YY	Nationality	<input type="text"/>		
Residential Address	<input type="text"/>									
City	<input type="text"/>	State	<input type="text"/>	Country	<input type="text"/>					
E-mail	<input type="text"/>						Phone	<input type="text"/>		
Identity Type	Driver's License	<input type="checkbox"/>	National Identity Card	<input type="checkbox"/>	Int. Passport	<input type="checkbox"/>	Others	<input type="checkbox"/>	→ Please specify	
ID Number	<input type="text"/>						Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name	<input type="text"/>						Account No.	<input type="text"/>		
Bank	<input type="text"/>				Bank Verification No.	<input type="text"/>				
<div data-bbox="263 953 678 1329" data-label="Form"><p>PASSPORT PHOTOGRAPH</p></div> <div data-bbox="711 1138 1081 1329" data-label="Form"><p>SIGNATURE</p></div> <div data-bbox="1117 1247 1495 1329" data-label="Form"><p>DATE</p></div>										