



STATEMENT REQUEST FORM

BRANCH DATE

Please issue a statement for my/ our below account(s)

Account Number

Account Name

1.
2.
3.

ORDINARY STATEMENT

INTERIM STATEMENT

Signature of Applicant (1) Signature of Applicant (2)

DATE

PERIOD

From To

Please note:

Interim statements charges are Kes 300 per sheet.

For official Bank use:

Charges recovered DC NO

Signature