BORSTAL MICROFINANCE BANK

STATEMENT OF ACCOUNT REQUEST FORM

Please note that all sections must be completed.

PLEASE COMPLETE THE FORM IN BLOCK /CAPITAL LETTERS •

BORSTAL MFB LTD.
RC 979536

PHONE NUMBER:* _____

EMAIL ADDRESS:* _____

SN	ACCOUNT NUMBER	FROM	TO
1.			
2.			

It would be very kind of you if you can **Give/Mail** the statement to me for the smooth functioning of my account transactions.
Your promptness in this regard will be highly appreciated.
Thank You.

_____ _____

CUSTOMER SIGNATURE/DATE **CUSTOMER SIGNATURE/DATE**

OFFICIAL USE

OFFICERS NAME: _____ _____ Signature/Date: _____

Send Filled, Signed and Scanned Copy to info@borstalmfb.com.ng and copy support@borstalmfb.com.ng