ACCOUNT STATEMENT REQUISITION SLIP

WEMA BANK
RC 575

Date D D / M M / Y Y Y Y

Account Name _____

Account No. 1 _____

Statement Period:

From: D D / M M / Y Y Y Y

To: D D / M M / Y Y Y Y

Account No. 2 _____

Statement Period:

From: D D / M M / Y Y Y Y

To: D D / M M / Y Y Y Y

Purpose: Embassy ☐ Audit/Reconciliation ☐ Others ☐ _____
PLEASE SPECIFY

Mode of Collection: In Person ☐ By Proxy* ☐ Name of Proxy _____

Authorised Signatory _____ Authorised Signatory _____

Please note that a means of identification will be required for collection by Proxy.

STATEMENT COLLECTION *(To be completed by the customer/proxy upon receipt of statement)*

Statement Collected by _____

Signature _____

Date D D / M M / Y Y Y Y

Please note that charges apply for each statement page printed.

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