

# METROPOLITAN NATIONAL SACCO SOCIETY LTD

## ACCOUNT STATEMENT REQUEST

Branch \_\_\_\_\_ Date \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

ID NO: \_\_\_\_\_ Member Number \_\_\_\_\_

BOSA STATEMENT \_\_\_\_\_ FOSA STATEMENT \_\_\_\_\_

Email address: \_\_\_\_\_

Furnish me /us with a statement of my / our account for the period below stated

Statement period from (dd/mm/yyyy) \_\_\_\_\_ to (dd/mm/yyyy) \_\_\_\_\_

### Account Signatory (s)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

*Please allow the Sacco 24 hours to process loan statement request*

*Kindly note a fee of 100/- will be charged per page.*

### FOR OFFICIAL USE ONLY

Customer identification, signature verification and applicants mandate confirmation

Sacco Authorized Signature \_\_\_\_\_

SACCO Official Stamp & Signature
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**Note:** Email statements are available on application