

Member's Statement

**Leadway Assurance Company
Limited**
121/123 Funsho Williams Avenue
Iponri Surulere
Lagos
Nigeria

Scheme Name: **{GroupOwnerName}**

Scheme No. **{GroupKey}**

Certificate No. **{PolicyNo}**

{MemberFullName}

{MemberAddress}



Report run on: **{SystemDate}**

For transactions between {StartDate}
and {EndDate}

Opening Balance	{OpeningBalance}
Total Deposits	{TotalDeposit}
Total Interest	{TotalInterest}
Total Withdrawals	{TotalWithdrawal}
Closing Balance	{ClosingBalance}

Date	Description	Employee Opening Balance	Employee Amount	Employee Closing Balance	Employer Opening Balance	Employer Amount	Employer Closing Balance	Total Closing Balance
{ @Date }	{ @Description }	{ @EmployeeOpeningBalance }	{ @EmployeeAmount }	{ @EmployeeClosingBalance }	{ @EmployerOpeningBalance }	{ @EmployerAmount }	{ @EmployerClosingBalance }	{ @TotalClosingBalance }

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT OUR GROUP DEPARTMENT ON THE ABOVE NUMBER.