

Please read carefully and complete all relevant sections. Should you have any questions a member of staff will be willing to assist you (Please complete in BLOCK CAPITALS and tick where necessary)

Soma aya mabwiriza witonze maze wuzuze iyi nyandiko uko bikwiye. Niba hari ibyo ushaka gusobanura, umukozi wacu yiteguye kuguha ibisobanuro wifuza. (Usabwe kuzuza iyi nyandiko ukoresheje inyuguti z'icyapa zisomeka neza kandi ugashyira akamenyetso ffl aho bisabwa)

CLIENT DETAILSAccount Name: Account Number: Branch Name: **DURATION**Start date: End date: **DETAILS OF THE PERSON REQUESTING FOR THE STATEMENT**Surname/Nom/Izina: First name / Prenom / Izini Ry'idini: **IDENTIFICATION**

ID No/No Y'ikimuranga	Date of issue/Igihe yatangiwe	Expiry Date/Igihe Izarangirira	Issued at/aho yatangiwe
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Place:

Date:

Signature and Name:

OFFICE USE ONLY

Employee's name and signature



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