

COUNTER CHEQUE SLIP (LCY &FCY)

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Account Number:

--	--	--	--	--	--	--	--	--	--

BVN :

--	--	--	--	--	--	--	--	--	--

Account Name:

Beneficiary Name:

Amount in words:

Amount in figure:

--

Signature/Date

--

AFFIX N50.00
POSTAGE STAMP HERE

Official Use Only

I/we further confirm that customer's signature has been verified

Officer	Name/Staff ID/SOL	Signature /Date
CSO		
CSM		

