



AIRPORTS SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

Your Growth, Our Strength

CUSTOMER STATEMENT REQUISITION FORM (FOSA)

NAME:

PERSONAL NO.: ID NO:

ACCOUNT NO.:

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Please select the type of statement you are requesting.

☐ LOAN STATEMENT ☐ ACCOUNT STATEMENT

I hereby request your office to print the above selected statement/s for the period between

.....To.....

SIGNATURE OF THE APPLICANT: DATE:

FOR OFFICIAL USE ONLY

PRINTED BY: SIGNATURE: DATE:

APPROVED BY: SIGNATURE: DATE:

TERMS AND CONDITIONS:

Statement printing charges applies.

- The statement will only be issued to the signatories of the account else if the
- statement is to be issued to a third party the account holder has to request the office through writing and attach a copy of his or her national ID.