

## CHEQUE BOOK REQUEST - RETAIL/ CORPORATE

Date .....

The Manager

ABC BANKING CORPORATION LTD

Port Louis

Account Holder Name(s)

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.....  
.....

Address

.....  
.....  
.....

Please provide me/us with ..... cheque book(s) of ..... sheets each and debit the relative charges  
to my/our account bearing number

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Note:

- If cheque book is not collected within 30 days, a fresh request will be required with associated charges
- Please fill in this form and send to the Branch.

Authorised Signature(s)

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Authorised Signature(s)

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