



Name: .....

Address: .....

.....

Date: .....

The Managing Director,  
Sagamu Microfinance Bank Ltd  
Sagamu.

Request for Statement of Account.....

Kindly supply me/us with the statement on the above account number

From..... to .....

And debit my/our account for the charges.

Thanks for your cooperation.

Thank You.

Yours faithfully,

FULL NAME: .....

SIGNATURE: .....

DATE: .....