

REFERENCE LETTER REQUEST

CONFIDENTIAL

Branch

Date:

D	D	M	M	Y	Y	Y	Y

CUSTOMER INFORMATION

Name

Account Number

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Purpose

The Bank is hereby authorised to debit my/our account with any fee charged for issuing a letter of reference on my/our behalf. I/We agree that the letter of reference is not intended to be a guarantee, and shall not be so-construed by the beneficiary. The Bank is authorised to issue the reference letter using its preferred wordings. I/We hereby waive my/our right of confidentiality in respect of any information disclosed in the letter of reference; and further agree to indemnify the Bank against any liability, loss or any adverse situation arising as a result of the Bank issuing a letter of reference on my/our behalf.

Authorised Signatory

BENEFICIARY/RECIPIENT INFORMATION

Name

Address

Forms should be filled and emailed to diasporabanking@firstbanknigeria.com for customers outside Nigeria.

FOR BANK USE ONLY

Confirmed by

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Signature

Date:

D	D	M	M	Y	Y	Y	Y

Authorised

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Signature

Date:

D	D	M	M	Y	Y	Y	Y