

BALANCE INQUIRY FORM

KUMENYA AMAFARANGA ASIGAYE KURI KONTI

Details of the person inquiring for balance /Umwirondoro w'ushaka kumenya amafaranga asigaye kuri konti

Date/Itariki...../...../.....

Names of the client/ Amazina y'Umukiriya: Product.....

Account Name/ Amazina ya Konti.....

Account Number/ Nimero ya Konti:

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Branch Name/ Izina ry'Ishami.....

ID No/ Nimero y'indangamuntu.....

I authorize the Bank to deduct from my account as detailed above, a balance inquiry fee of FRW.

Mpaye Banki uburenganzira bwo gukura kuri konti yanjye amafaranga (FRW) ajyanye na serivisi

Customer Name /AmazinaSignature/umukono

OFFICE USE ONLY:

Employee's Name.....Signature

Branch Name: