

APPLICATION FOR BALANCE CERTIFICATION (ISSUE/CHANGE/CANCEL)

残高証明依頼書(発行/変更/解約)

Please fill in the bold frame

Date		Reference No.	
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Name		Tel No.	
Address			

Type of Request	<input type="checkbox"/> Issue on Fixed Date : As Of (_____)		
	<input type="checkbox"/> Issue Periodically	As Of (_____)	In case of holiday : <input type="checkbox"/> Fixed Date <input type="checkbox"/> Previous day <input type="checkbox"/> Next day
		Cycle (_____)	Term (_____)
	<input type="checkbox"/> Change Period	As Of (_____)	In case of holiday : <input type="checkbox"/> Fixed Date <input type="checkbox"/> Previous day <input type="checkbox"/> Next day
Cycle (_____)		Term (_____)	
<input type="checkbox"/> Cancel Issuance		<input type="checkbox"/> Capital Brought-in	

Account Number Requested	No.	Currency	Account Type	Account Number
	1			
	2			
	3			

Charge Debit	Currency		Account	<input type="checkbox"/> Current	<input type="checkbox"/> Saving
			Account Number		

Delivery Method	<input type="checkbox"/> By Mail	<input type="checkbox"/> At Counter	<input type="checkbox"/> Others (_____)	Number of Copies	
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I/We authorize person below to pick-up the certificate from your Bank Name : _____	Authorised Signature(s)
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Bank Use Only

CIF No.	<Control sheet>		<Charge for Fixed Date>		
	Create (Officer)	Input (Officer)	Verify (Manager)	Input (Officer)	Signature verify (Officer)