

STATEMENT BY EMAIL REGISTRATION FORM

ACCOUNT NAME:		
ACCOUNT NUMBER:		
ADDRESS:		
RECIPIENT EMAIL:		
PLEASE TICK THE FREQUEN BY EMAIL	NCY YOU WOULD LIKE TO REC	CEIVE YOUR STATEMENT
MONTHLY	WEEKLY	DAILY 🗆
AUTHORISED SIGNATORY	AUTHORISED	SIGNATORY
DATE	DATE	

NOTE: Customers are advised to keep the password to their email address confidential, so that, only authorized persons would have access to statement of account by email.