

Application For Account Balance Certification Form

Date: _____
(dd/mm/yyyy)

To: E.SUN Bank
Yangon Branch

Subject: Application for account balance certification

Dear Sir,

We, the undersigned hereby, have maintained account with your Bank under the name as follows:

Account name: _____

Account number: _____

Please certify the above account balance on _____ (dd/mm/yyyy).

As for any related charges, please debit our account, account number _____.

Yours faithfully,

Authorized Signature

Telephone Number: _____

For Bank Use Only

Dealt with By

Approved By

Date