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## APPLICATION FOR MONTHLY E-STATEMENT

A/c Number	-	*****	······································				
Full Name	•						
		*******	*******				
E-Mail address	-	********					
Contact Number	-	-					
NIC Ör Passport No.	-	• *************************************					
Effective Date of E-State	ment -						
Date	Sign	ature	Antesarrica				
From - Senior Mang	er-OCS				For Office	use only	
To - The Manger-	-Empowern	nent Des	sk				
Ref - OCS/NRFC/	/SA/		••				
Please make arrangemen holder with effect from .			nthly E-sta	tement facili	ty for the above	account	
				r.			
Received by	***				Senior Manag	er-OCS	
Date		e					
From - The Manger-	-NRFC					s	
To - IT Departme	nt - OCS			e			
Please confirm that sending o	f the E-Stater	ment is co	mments as re	quested by the	customer with effe	ct from	
************************							
*				 M	anager -NRFC	.com.	
Received by	•••	Confirm	ned by			· I ;	
Date	**	Date	9091664494	*******		•	