

REFERENCE FORM



The Manager
FBNQuest Merchant Bank Limited
2 Broad Street, Lagos Island,
Lagos, Nigeria

CONFIDENTIAL

DATE

D	D	M	M	Y	Y	Y	Y

Dear Sir,

Name(s) of Prospective New Customer(s) _____

I/We understand that the above named person(s) has/have applied to open an Investment Account with you.

I/We have known the above named applicant(s) for

and I/We comment on its reputation of the applicant(s) _____

CAUTION! IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

I/We also confirm that the applicant is a person / are persons to whom the usual banking facilities may be extended. I/We maintain current account(s) with

Referee's Name _____

Name of Bank/Branch _____

and the account number(s) is/are _____

I/We authorise you to contact the above named bankers for the purpose of verifying my/our standing and the status of our account with my/our _____

Yours faithfully,

Name (in block letters)

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