

QUITTANCE / OMNIBUS REQUEST FORM

PERSONAL DETAILS

NAMES			
Mobile N°			
Address			
ID No. /PP No.(Copy to be attached)			
Reason of the request			
Account Number			
Signature of the account owner			
Date			

BRANCH USE ONLY

Supervisor Signoff Name and Signature			Branch Manger's Approval Name and Signature		
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Call 3227 / www.imbankgroup.com/rw

on your side!

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