

## CHEQUE BOOK REQUEST - RETAIL/ CORPORATE

Date .....

The Manager  
ABC BANKING CORPORATION LTD  
Port Louis

Account Holder Name(s)

Address

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Please provide me/us with ..... cheque book(s) of ..... sheets each and debit the relative charges to my/our account bearing number

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Note:

- If cheque book is not collected within 30 days, a fresh request will be required with associated charges
- Please fill in this form and send to the Branch.

Authorised Signature(s)

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