

## COUNTER CHEQUE SLIP (LCY & FCY)

Date	D D M M Y Y Y	
Account Number		
Account Name		
Reason for Request		
Amount in Word		
Amount in Figure	Signature/Date  AFFIX N50.00 POSTAGE STAMP HERE	
	FOR OFFICIAL USE	
CRO(Nan	ne & Signature)  BOM (Name & Signature)	