The Co-operative Bank of Kenya Limited P.O. Box 48231-00100 GPO NAIROBI.

Date.....

Dear Sir/Madam,

RE: CONSENT FOR VERIFICATION OF BANK STATEMENT(S)

I,.....of Identity Number/Passport Number......, a holder of account number (s).....domiciled at yourBranch confirm that I have given my bank account statements to[Organization Name].

I confirm that I have read and understood the terms of this consent, and I agree to it voluntarily.

Kind regards,

Name.....

Sign																							
Sign	•••	•••	•••	•	•••	٠	•	••	• •	••	٠	•••	•	•••	•	٠	• •	•••	٠	•	•••	•	٠

Date			
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