



No.334/336,Corner of Strand Road and 23rd Street
 Latha Township,Yangon,Myanmar
Tel:(95-1)372 646,372 655,3710848
Fax:(95-1) 371 851,377 072,389 594

SWIFT Statement Request Form

Customer Details		Name		
		Address		
Account number (s) & Currency		Account number		
		Currency		
Sending Bank	Name	Co-Operative Bank Ltd.(CB Bank)		
	SWIFT BIC	CPOBMMMY		
Destination Bank	Name			
	SWIFT BIC			
	Contact Person	Name		
		Email		
Start Date Transmission :				
Frequency		Daily		
Message Type		MT940		

We agree that the monthly charge of (USD -) and the initial set-up fees of (USD -) for the Bank Statement Reporting Service (MT 940).

We hereby authorize CB Bank Ltd to debit my account number _____ on my policies for imposing related fees per month for the use of this service facility from time to time at your absolute discretion without prior consent, for the period of usage of the service.

Please commence daily reporting period from _____ to _____ .

I/ We confirm that all above information are true and correct .

Yours Faithfully,

Singature _____

Name _____

E-Mail _____

Date _____