



To Account Department
Fax no. 2987-0663

STATEMENT/CHITS REQUEST FORM

PERSONAL INFORMATION

Member's Name:	
Company Name (if any)	
Membership Number:	

DETAIL OF REQUEST

Please arrange to supply me/us with a copy of the following document(s):

Statement

- Period form _____ (MMM/YY) to _____ (MMM/YY)

Chit Requisition

Transaction Date	Chit Number	Amount

PREFERRED METHOD OF CONTACT:

By Fax _____

By E-Mail _____

By Post _____

(Member's Signature)

(Date)