

COMBINED STATUS ENQUIRY AND CONSENT FORM

PRIVATE AND CONFIDENTIAL

Bank Name
Branch Address
(include Post Code)

ENQUIRY TO: THE MANAGER

Name
Address

Post Code
Telephone No.

Date
Contact Name

ENQUIRY FROM:

RAY GRAHAMS LTD
47-59 DONAGHADEE ROAD
NEWTOWNARDS
BT23 7HB
028 9181 3494

Name of Customer
Account Number
Address

(for identification purposes only)

INFORMATION REQUESTED ON:

I / We request your opinion as to the means and standing of

and his / her trustworthiness in the way of business to the extent of £

To be completed by the person
who is the subject of the enquiry
Subjects Full Name
Subjects Bank
Full Name and Address
of Enquirer

CONSENT

I / We consent to
reference on me / us to Bank providing a

and I / we authorise my / our Bank to deduct such charges as may be appropriate

Signed:

Date:

A copy of the reply to this enquiry can be made available on request