

## FIRST CITIZENS BANK LIMITED

## FINANCIAL SUPPORT LETTER

		Date:	
The Manager First Citizens Bank Lim	nited		
Dear Sir/ Madam,			
Ι,	(Attester Name in block letters)	,	
with identification number (ID/ DP/ PP)		(copy provided) do certify that	
		is my(Relationship to Customer)	
(Cu	stomer Name in block letters)	(Relationship to Customer)	
and is financially supported	d by me. I give him/her a(Weekly/Fortnightly/Mon	amount of	
	used as deposits to his/her account. I hereby also a ame and source of income.	authorize him/her to utilize the document(s) indicate	
	TICK APPROPRIATE BOX The document provided will be subject to verifica	ation by the Rank	
	Job letter dated not older than 3 months     Payslip dated not older than 1 month     Other (Please specify - e.g. Letter from Government)		
Yours respectfully,			
Attester Signature (Signature must match that on co	opy of identification provided)		

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