

REFERENCE FORM

Please complete in BLOCK LETTERS

(Caution: It is not advisable to introduce a person not well known to you)

Particulars of Referees									
					Date:				
FROM (Referee):									
Full Name: Address:									
TO: Digital Space Microfinance Bank									
Dear Sir/Madam,									
Name of Application	on:								
The above named applicant wishes to open an account with you. I/We hereby confirm that the applicant is suitable to maintain the account and well-known to us for years.									
My/Our Bankers	are:								
My/Our Branch Address:									
My/Our Account Number is:									
Signature:									
TO BE COMPLETED BY REFEREES BANK									
TO: Digital Space Microfinance Bank									
I/We hereby conf	firm our client's	account and	d signature	(s) are:					
(Please tick as appropriate)									
Suitable	Unsuitable								
Correct	Irregular								
Signed & Stamped by Authorized Signatories									
Signed & Stamped by Authorized Signatories									