

(Insert name & address)

Date:/...../.....

The Manager,
EdFin Microfinance Bank.
152 Ogunlana Drive,
Lagos.

Dear Ma,

Account Name: *(insert existing account number)*

Account Number: *(insert existing account number)*

Bank Name: *(insert existing bank name)*

APPLICATION FOR PROOF OF FUNDS

I hereby apply for the sum of ***(insert amount)*** being a proof of funds for my Studies. This money is expected to remain in my account number stated above for a period of **30** days; **(1)** months from the date of disbursement.

The sum stated above would be transferred from my EdFin Account number: to my correspondent Account Number aforementioned.

I fully understand and hereby agree that the funds deposited in my account **(INSERT EXSTING ACCOUNT NUMBER)** shall not be released to me.

I hereby give the bank by the way of security for the facility, a right to set-off of the sum availed to me in my account maintained with ***(INSERT EXISTING BANK NAME)*** with interest deposited.

Yours sincerely,

.....
(INSERT NAME)