BANK ADDRESS 1  
BANK ADDRESS 2  
BANK ADDRESS 3  
BANK ADDRESS 4  
BANK ADDRESS 5

# Request for Bank Report for Audit Purposes - Standard

In accordance with the agreed practice for provision of information to auditors, please forward information on our mutual client(s) as detailed below on behalf of the bank, its branches and subsidiaries. This request and your response will not create any contractual or other duty with us.

|  |  |
| --- | --- |
| **Dates and Contact Details** | **Auditor Address** |

|  |  |
| --- | --- |
| Financial period end | (dd/mm/yy) |
| Date of Report Request | (dd/mm/yy) |
| Auditor Contact name |  |
| Contact telephone |  |
| Contact email address |  |

|  |  |
| --- | --- |
| Auditor |  |
| Address |  |
|  |  |
| Town/City |  |
| Postcode |  |

|  |  |  |
| --- | --- | --- |
| **Companies or other business entities** | | |
| **Company name** | **Main account sort code** | **Main account number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Authority to disclose information** | | | | |
| Authority already held and dated | (dd/mm/yy) | | OR Authority attached | (select) |
| **Acknowledgement -** please complete this section if an acknowledgement is required | | | | |
| By email | (select) | Reference number to be quoted |  | |
| OR - by Post | (select) | (Please attach your template) |  | |
| **Additional information required** | | | | |
| Trade Finance | (select) | One of the facility account numbers |  | |
| Derivative & Commodity Trading | (select) | One of the facility account numbers |  | |