

R O B I N W O O D

MANAGEMENT

corporation limited

BANKING INFORMATION TO BE COMPLETED BY YOUR BANK

The following information is required for rental purposes.

Suite No. _____

Address: _____

NAME OF BANKING INSTITUTION _____

(Branch)

[_____]

We hereby certify the balance of Account No. _____
in the name of _____ at this office at the close of
business on _____ was \$ _____.

There has been _____ NSF cheque(s) issued from the account.

The above noted customer has a loan at this branch in the amount of \$ _____
(monthly payments of \$ _____) paid as agreed yes _____ no _____.

Account opened since _____.

(Please note that this is an advice only and not negotiable)

Manager

Office in charge of Operations