

## **#REG 4 - CONFIRMATION OF BALANCES**

## (PLEASE PRINT ALL DETAILS CLEARLY)

I/We,		
(insert full name(s))		
of		
(insert full address)		
request confirmation of my/our holdings of se	curities held at the ECCSD at	(date)
		(date)
Please include the following information:		
Thouse morade the renewing information.	(List any specific information you require to b	pe included)
The confirmation should be sent to		
(Nam	e & Address of Recipient)	
		, by
		, 5y
Post: E-mail:(provide	e-mail address)	(provide Fax #.)
*A Fee of EC\$50 must accompany this request	. Please indicate form of payment:	
	I/We have paid online at http://www.ecseonlin	
I/We have paid by wire transfer to ECSE St Kitts, SWIFT Code: KNANKNSK.	E's a/c # 24952 at St Kitts Nevis Anguilla Nation	al Bank, Basseterre,
ot rates, own a code. Rivarrandic.		
Signed		
Name	Signature	Date
FOR REGISTRY USE:		
Dranged Dru	Cignoture	Data
Prepared By:	Signature:	Date
Checked By:	Signature:	Date:
Authorised Rv.	Signature:	Date