

存款餘額證明申請書  
REQUEST FOR BALANCE CONFIRMATION



致：澳商澳盛銀行集團股份有限公司台北分行  
To : Australia and New Zealand Banking Group Limited, Taipei Branch

申請日期 (日/月/年) Date  
(DD/MM/YYYY)

茲請貴行惠予證明本人/本公司於下列帳戶之餘額：  
I/We, hereby request your Bank to confirm the balance on my/our account as described below :

中文 Chinese       英文 English

日/月/年的存款餘額  
Balance Outstanding As Of  (DD/MM/YYYY)

帳戶種類 A/C TYPE       活存 SAVING A/C       定存 TIME DEPOSIT A/C

帳號 Account Number

戶名 Account Name

份數 No. of Copies

申請理由 Reason for Request

申請存款餘額證明服務費

NTD50(USD2)/次

費用扣除帳號:

授權印鑑/簽章 Authorized Signature and / or Chop

DBU 帳戶：請蓋公司經濟部變更事項登記表之大小章 Corporate Chop for MOEA

OBU 帳戶：請蓋印有公司名稱之橡皮章並由董事會決議錄之授權人親簽 Signing Bar + Signature of authorized officer of MOB

郵寄 Mail       客戶經理人代領 Pick up by Relationship Manager

自取 Counter Pick Up

領據人 Receiver: \_\_\_\_\_

身分證字號 ID No: \_\_\_\_\_

領據人簽名 Signature: \_\_\_\_\_

**BANK USE ONLY**

Signature Verified By

Date (DD/MM/YYYY)

Action Taken By

Remarks

Action Approved By