

		*
ne Branch Manag	er,	
Cooperative Mortgage Bank,		****
eside Access Ban	k,	
odija, Ibadan.		
odija, ibaarii		*
1	NDEMINITY FORM FOR TRANSACT	TION VIA E-MAIL
		with the account number
,		ny loss/damage throughout our course of
	hereby indemnify the bank against an actions. On this date of	vear
business or transa	actions. On this date of	
All transactions se	ent via E-mail address	or any
other correspond	lence should be duly honored without any d	lelay.
CUSTOMER'S NAME		SIGNATURE
2 20 20 20 20 20 20 20 20 20 20 20 20 20		
WITNESS:		
This indomnity is	s witnessed and binding in the presence of:	
ADDRESS:		and the second s
SIGNATURE:		
DATE		