DATE:		_			
The Manager MILA Technology L 8 Gallus Street Woodbrook Port of Spain.	imited				
Dear Sir/Madam,					
YOOZ Bill Paymen	nt Accoun	t Request			
of	ADDRESS imited for a	collection of bill pay	yme	ents. Communica	YOUR BUSINESS NAME to open an account with tion regarding the account lowing person(s):
Name		Position Phone Number		one Number	Email
Bank Account Information					
Bank:				Branch Name:	
Account Type (Savings or Chequing):					
Account Number:	:			Account Name:	
					,
Print Name:					
Position:					
Signature:				**PI	ace Company Stamp Here

*****This document is to be signed by Company Director/Owner**