Section 3: This portion is to be completed by BANK/FINANCIAL INSTITUTION

(Bank certification must be current and cannot exceed 6 months from the date of the bank official's signature and stamp)

I certify that _____ is a customer of this
(print account holder's name)

Bank or Financial Institution _____ .
(print bank or institution's name)

His/Her account(s) were opened on this date _____ . For the past year the account

has shown an average balance equate to US $ _____ .

Current funds available in US$ as of today's date are _____ .

Checking Account No: _____   Balance: _____

Savings Account No: _____   Balance: _____

The above accounts are open and viable as of today's date. This certification is offered with no responsibility of the financial institution.

Bank Official Name & Title (please print):
_____

Address of Financial Institution:
_____

_____

_____

Bank Seal or Stamp

Signature of Bank Official: _____

Today's Date: _____

This form will not be accepted without the bank officer's signature and bank seal or stamp.