

EUROPEAN PREMIUM CORPORATION BANQUE LIMITED

INSTRUMENT VERIFICATION FORM

Verification Requester Name:	Surname _____ First _____
Phone Number	
E-Mail Address	
Relationship to Transaction: (Circle One)	Applicant Beneficiary Other _____

BCB Reference Number and Date of Issuance:	BCB _____ / ____ / ____
Applicant Name/Company:	
Inquiry Details:	

Instrument Verification Form Procedure

BCB will review and revert to Instrument Verification Form requests at its discretion. BCB Instrument Verification Form is to be submitted by e-mail to info@europebanque.com along with required supporting documents. BCB can request additional information.

Attach BCB Instrument Verification Form, Issued Instrument Copy, and Passport Copy of Requester to

info@europebanque.com

BCB will not review incomplete application forms.

Signature and Date

____ / ____ / ____