

MINISTRY OF HEALTH

PERSONNEL UNIT

REQUEST FORM

I ----- am requesting a *verification letter* to be forwarded to:-

Place a check mark in the required box ...

- A. Financial institution
- B. Embassy
- C. Insurance Company
- D. Other institution Please specify

Kindly indicate Address and Addressee below

.....
.....
.....

I would like my document to:

- a. Be collected
- b. Be dispatched

I can be contacted at:

extension:..... for any additional information that is required.

Date of Request:

FOR OFFICIAL USE ONLY

Received/acknowledged by:..... Date.....