**ACCOUNTING DOCUMENT REQUEST**

**on payment of administrative service fee**

**Billing name:**

……………………………………………………...

**Billing address:**

……………………………………………………...

**Mailing address:**

……………………………………………………...

**Payment date:**       **year**       **month**       **day**

**Payment method: bank terminal / postal cheque (underline as appropriate)**

**Payment slip number: (reference number, or cheque identifier)**

**……………………………………………………...**

**Amount paid:** **…………………………………**

**Date:** **year       month       day**

 **………………………………….**

 **signature**

**Please note that the accounting document will be sent to the postal address supplied within 15 days by way of post.**

** **