



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:	
<div>Instrument Verification Form Procedure</div> <p>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 contact@businesscommunitybank.com along with required supporting documents. BCB can request additional information.</p> <p>Attach BCB Instrument Verification Form, Issued Instrument Copy, and Passport Copy of Requester to contact@businesscommunitybank.com</p> <p><i>BCB will not review incomplete application forms.</i></p>	
Signature and Date	____ / ____ / ____