



CERTIFICATE OF FINANCIAL HEALTH

Company name : _____

Address: _____

Date : _____

Dear Sir, Madam:

We would like to confirm the health and financial stability of the above-mentioned company. We are pleased to have them as one of our customers since:

(Date)

Respecting our confidentiality commitment prevents us from providing you with more information about its financial situation. If additional information is required to complete your file, we will gladly provide it to you with the approval of our client.

Name of Financial institution : _____

Name of contact person : _____

Title of contact person : _____

Tel. Of contact person : _____

(Signature of contact person)