

# SOKOINE UNIVERSITY OF AGRICULTURE



## OFFICE OF THE DEAN OF STUDENTS

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Our Ref. No.DOS/DOS/S.1/8

Date: .....

Bank Manager,

.....(Branch)

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### RE: VERIFACATION OF BANK ACCOUNT

The under mentioned student is a registered student of Sokoine University of Agriculture. Please assist in the verification of his/her bank account.

Student's Name: .....

Semester: .....

Degree programme: .....

Student's Registration No: .....

Date of Birth: .....

Place of Birth: .....

Hostel No: ..... Campus: .....

Mobile No: ..... E-mail: .....

Present address: ..... Duration: .....

Yours Sincerely,

Pule John Motshabi  
**DEAN OF STUDENTS**

c.c: Vice Chancellor  
“ : Deputy Vice Chancellor (Academic)  
“ : Deputy Vice Chancellor ( A & F)