[SAMPLE LETTER TO REQUEST FROM YOUR BANK/FINANCIAL INSTITUTION - AS PROOF OF FINANCIAL MEANS - MUST BE ON PROPER LETTERHEAD, ORIGINAL]

BANK L	FTTFR	HFAD1
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[DATE - no more than 15 days old]

For:

Consulate General of Italy Visa Office Suite 1026 Public Ledger Building 150 South Independence Mall West Philadelphia PA 19106

TO WHOM IT MAY CONCERN:

This is to certify that the title of the following account(s) reflects [NAME AND ADDRESS OF ACCOUNT HOLDER] as an account holder.

Account Type	Account Number	Amount*	Date Opened

^{*} May express exact amounts or "In excess of XXXXX US dollars."

The abovementioned balance(s) represent(s) the accumulation of successive deposits.

Sincerely,	
(LAST NAME, NAME - Sign Title / Position	ature, Date