



Guaranty Trust Bank(Gambia)Ltd.

ATM CARD REQUEST FORM

ACCOUNT NAME:

ACCOUNT NUMBER:.....

UPDATED INFORMATION

EMAIL ADDRESS:.....

MOBILE NUMBER(S):.....

TELEPHONE NUMBER(S):.....

OFFICE ADDRESS:.....

HOME ADDRESS:.....

Please deduct the D250 plus 15% (VAT) charge from my/our account for this service

.....
NAME OF ACCOUNT HOLDER

.....
SIGNATURE OF ACCOUNT HOLDER

OFFICIAL USE:

DATE RECEIVED:.....

CIS OFFICER:.....

SIGNATURE VERIFIED:.....