



Guaranty Trust Bank(Gambia)Ltd.

CUSTOMER INFORMATION UPDATE FORM

ACCOUNT NAME: ACCOUNT
NUMBER:.....

UPDATED INFORMATION

EMAIL ADDRESS:..... MOBILE

NUMBER(S):..... TELEPHONE

NUMBER(S):..... OFFICE

ADDRESS:..... HOME

ADDRESS:.....

.....
NAME OF ACCOUNT HOLDER

.....
SIGNATURE OF ACCOUNT HOLDER

OFFICIAL USE:

DATE RECEIVED:.....

CIS

OFFICER:.....

SIGNATURE

VERIFIED:.....