



Guaranty Trust Bank(Gambia)Ltd.

SMART KID SAVE ACCOUNT OPENING FORM

NAME: _____

DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

NAME OF TRUSTEE: _____ RELATION: _____

OCCUPATION: _____

CONTACT ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

I hereby request and authorise you to open a smart kid save account.

I certify that the above particulars are true and correct.

I agree

1. To guard against access to my passbook by unauthorized persons.
2. That interest will be allowed on the account at ruling rates and subject to prevailing conditions.
3. That all sums for the credit of the account shall be accompanied by a pay-in-slip (Deposit Slips) showing the name and number of the account to be credited.
4. That withdrawals can only be made by the account holder/trustee on the basis of withdrawal slips.
5. That any change in the address of the account holder should at once be communicated to Guaranty Trust Bank at the branch where the account was opened.

CUSTOMER'S SIGNATURE & DATE

SPECIAL INSTRUCTION (IF ANY): _____

CHECK LIST (FOR BANK'S USE ONLY)

PASSPORT PHOTOGRAPH 1 MANDATE CARD IDENTIFICATION DOCUMENTS

APPROVAL: _____ (TSU HEAD – NAME) _____ (SIGNATURE & DATE)

ACCOUNT OPENED BY: _____ (CIS OFFICER - NAME) _____ SIGNATURE & DATE

SIG. SCANNED BY: _____ (CIS OFFICER – NAME) _____ (SIGNATURE & DATE)

