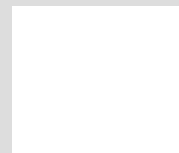


**Guaranty Trust Bank (Gambia) Ltd**



**ACCOUNT OPENING  
DOCUMENTATION  
INTERNATIONAL  
ORGANISATIONS**



## **HOW TO OPEN YOUR CORPORATE ACCOUNT**

1. Complete all relevant portions of the Account opening Application Form
2. Complete the enclosed signature card,
3. Supply the under listed documents along with completed application package.
  - a. Letter of authority from the Head of the Mission in The Gambia or Authority letter from Parent Body.
  - b. One passport photograph of each Signatory to the Account.
  - c. Copy of identification documents for Signatories to the Account, i.e, Driver's Licence, Passport, Staff Identity Card or National Identity Card. (Originals to be sighted by the Bank on submission)
  - d. Residential Permit for Foreign National who are Signatories.

## APPLICATION TO OPEN A CURRENT ACCOUNT

Name of organisation .....

Business Address .....

Registered Office (if different from above) .....

Type of International Organisation

- Embassy
- High Commissioner
- UN Agency
- Charitable Organisation
- Others (Please specify)

Telephone Nos .....

Telefax Nos ..... Telex No .....

E-Mail Address .....

### KEY CONTACT PERSON(S)

Name	Designation
.....	.....
.....	.....
.....	.....
.....	.....

Correspondence Address (Where different from Business Address)  
.....  
.....

**ACCOUNTS WITH OTHER BANKS IN THE GAMBIA**

1. Name of Bank

.....

Bank Address

.....

.....

Account No

.....

2. Name of Bank

.....

Bank Address

.....

.....

Account No

.....

3. Name of Bank

.....

Bank Address

.....

.....

Account No

.....

**RESOLUTIONS**

Pursuant to this application, the Head of .....  
(Name of Organisation)

in The Gambia has resolved and declare that a current account be opened with Guaranty Trust Bank (Gambia) Limited (“the Bank”) is hereby authorised to honour the instructions of the persons whose signatures are contained in the specimen signature card delivered to the Bank.

The Organisation shall give notice of anomalies in statement furnished by the Bank within 90 days of the date thereof the failure of which will absolve the Bank from all liability thereof. It was further resolved that the bank may combine or consolidate all or any of the organisation’s accounts and set off or transfer any sums or assets standing to the credit of any or of one or more of such accounts towards the satisfaction of the organisation’s liabilities to the Bank.

The persons whose signatures appear below, one whom is the Head of Organisation have been duly authorised to mandate the opening of the account. The information provided for the opening of this account is true and correct in all material respect.

Dated this .....day of..... Year .....

**CERTIFIED TRUE COPY**

Name: ..... Name: .....

Designation: ..... Designation: .....

Signature: ..... Signature: .....

**FOR BANK USE ONLY**  
DOCUMENT OBTAINED

	Yes	Deferred	Waive
COMPLETED SIGNATURE CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LETTER OF AUTHORITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASSPORT PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIS.....  
NAME INITIAL DATE

DEFERRAL/WAIVER OF DOCUMENTS AUTHORISED

.....  
NAME INITIAL DATE

ACCOUNT OPENING AUTHORISED

.....  
NAME INITIAL DATE