Guaranty Trust Bank(Gambia)Ltd.

ENGS ACCOUNT OPENING FORM

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NO:_____ CELL PHONE:_____

FAX: _____ EMAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

OCCUPATION: _____ MOTHER'S NAME: _____

EMPLOYER'S NAME AND ADDRESS:_____

_____

MINIMUM MONTHLY PAYMENT OF_____EFFECTIVE MONTH _____

INVESTMENT PERIOD _____

I hereby request and authorize you to open an ENGS account in my name.

I certify that the above particulars are true and correct.

I agree

1. To guard against access to my GTSave passbook by unauthorized persons.
2. That interest will be allowed on my savings account at ruling rates and subject to prevailing conditions.
3. That all sums for the credit of an account should be accompanied by a pay-in-slip (Deposit Slips) showing the name and number of the account to be credited.
4. That withdrawal can only be made after minimum investment period. Exceptional Withdrawal is allowed after 1 year minimum investment period without any penalty.
5. That any change in the address of the account holder shall at once be communicated to Guaranty Trust Bank at the branch where the account was opened.
6. That a quarterly Statement of Account will be sent to me via email, any discrepancies with entries on my Statement of Account will be notified to Guaranty Trust Bank within 15 days of the date thereof, Guaranty Trust Bank shall assume that the entries made are correct having failed to receive any notice or information to the contrary within the stipulated period.

_____

CUSTOMER'S SIGNATURE & DATE

CHECK LIST

a) Passport Photograph ☐ b) 1 Mandate Card ☐ c) Required Identification ☐

APPROVAL: _____ _____

(CIS OFFICER - NAME) SIGNATURE & DATE

ACCOUNT OPENED BY: _____ _____

(CIS OFFICER – NAME) (SIGNATURE & DATE

SIG. SCANNED BY: _____ _____

(CIS OFFICER – NAME) **(SIGNATURE & DATE)**