

# VISA CARD APPLICATION FORM



Guaranty Trust Bank (Gambia) Limited

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Day                      Month

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Year

## PRINCIPAL CARD HOLDER DETAILS



Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Other Names: \_\_\_\_\_ Email: \_\_\_\_\_

Maiden Names (if applicable): \_\_\_\_\_ Telephone No: \_\_\_\_\_

Date of Birth: 

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Nationality: \_\_\_\_\_

I.D No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

***The information requested below will be used to confirm your identity when you call the help desk 00220-4376377, 4376378 to activate your card. Please keep it confidential:***

Test Question: \_\_\_\_\_ Test Answer: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Tel no of Next of Kin: \_\_\_\_\_

Please indicate Account Number (s):

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 (Leave blank for new account)

If you would like to apply for any member of your family please provide ADDITIONAL CARDHOLDER(S) INFORMATION

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: 

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Telephone No: 

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Email: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_ Relationship to Principal Cardholder: \_\_\_\_\_

Signature of Additional Cardholder: \_\_\_\_\_

Correspondence should be forwarded to: \_\_\_\_\_

Address: \_\_\_\_\_

Authorised Signatory(s): \_\_\_\_\_

Date: \_\_\_\_\_

**NB: Card Issuance fee – D450.00 Annual maintenance (payable to VISA International) – D900.00**

**\*\*Terms and conditions apply for the operations of our Visa cards.\*\***