VISA CARD APPLICATION FORM

Guaranty Trust Bank (Gambia) Limited

Day Month Year

PRINCIPAL CARD HOLDER DETAILS

Surname: _____ Title: _____

Other Names: _____ Email: _____

Maiden Names (if applicable):_____ Telephone No: _____

Date of Birth: _____ 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):

(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: Telephone No:

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.