



Name: \_\_\_\_\_

Surname First Name Other Names

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

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

Tel Nos: (Mobile) (Office/Fax) Home: \_\_\_\_\_

Date of Birth: / DD / MM / YY

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

Occupation/ Profession: \_\_\_\_\_

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

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Name & Occupation of Spouse: \_\_\_\_\_

I hereby request and authorize you to open a savings account in my name.

I certify that the above particulars are true and correct.

I agree

- To guard against access to my withdrawal slip by unauthorized persons.
- That interest will be allowed on my savings account at ruling rates and subject to prevailing conditions.
- That all sums for the credit of my account should be accompanied by a pay-in-slip showing the name and number of the account to be credited. The entry of the transaction will be verified by the initial of an officer of Guaranty Trust Bank (Gambia) Ltd on the duplicate of the pay-in-slip.
- That withdrawals can only be made by me at the branch in which my account is domiciled and on the basis of withdrawal slips.
- That any change in my address should be at once be communicated to Guaranty Trust Bank (Gambia) Ltd at the branch where my account was opened.
- That a quarterly Statement of Account will be sent to me, discrepancies observed on my Statement of Account shall be notified to Guaranty Trust Bank (Gambia) Ltd within 15days of the date thereof, Guaranty Trust Bank (Gambia) Ltd shall assume that the entries made are correct, having failed to receive any notice of information to the contrary within the stipulated period.

\_\_\_\_\_

Signature

DD / MM / YY

Date

**FOR OFFICIAL USE ONLY**

Scanned By: \_\_\_\_\_

CIS officer

\_\_\_\_\_

Signature & Date

Authorised By: \_\_\_\_\_

Head - CIS

\_\_\_\_\_

Signature & Date

Account Opened by: \_\_\_\_\_

CIS officer

\_\_\_\_\_

Signature & Date

1 Completed Signature Card.

1 Passport Photograph

Identification

Account No:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SPECIMEN SIGNATURES (INDIVIDUAL)



Account No:

Guaranty Trust Bank (Gambia) Ltd

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Account Name:

Address:

Tel No: (Mobile)

Tel No: (office/home)

	Photograph
Title: (Mr, Mrs etc)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Name:	
Signature:	
Authorised Combination: (For Joint Account Holders)	

Title (Mr, Mrs etc)	Name	Photograph
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Signature
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Title (Mr, Mrs etc)	Name	Photograph
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Signature
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