Bank Verification Number

BVN Correction/Incident Form

GTCO
Guaranty Trust Bank Ltd

Date: Day Month Year

BVN:

Bank of Enrolment: _____

Surname: _____ Other names: _____
First Middle

Account No:

BVN Verification/Linking

Please tick appropriate option

Agreement Clauses

- I agree to submit my Biometric information to the bank as may be required for account opening, maintenance and operation purposes, to enhance the security of my account and transactions from time to time.
- I give permission for the bank to securely store and transmit this Biometric data for the purposes of operating my bank account.
- I understand that a Biometric is a unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a particular person.

Disclaimer Clause: The bank shall not be liable for breaches/disclosures that may occur if it is compelled by law or regulation to disclose customer biometrics data to third parties. However, the bank shall exercise due care to ensure that the customers biometrics data is secure and protected.

☐ **I hereby attest that the above information is true and complete**

BVN Correction

Please tick options to be corrected

☐ Surname ☐ First Name ☐ Middle Name Gender: ☐ Male ☐ Female

☐ Date of Birth Day Month Year Phone no:

Others: _____

☐ **I understand that I am obliged to reflect the changes made herein on my account(s) with other bank(s)**

_____
Authorized signatory

Privacy Policy

The bank takes your privacy seriously and only processes your personal information to make your banking experience better. In accordance with NDPR and other applicable regulations, signing below indicates your consent to the processing of your personal data by Guaranty Trust Bank, its strategic partners/service providers, Guaranty Trust Bank's Holding company and its subsidiaries, as detailed in our Privacy Policy available at https://www.gtbank.com/privacy-policy

Signature _____ Day Month Year

FOR OFFICIAL USE:

Type of Discrepancy: Major ☐ Minor ☐ Customer ID: _____

Remarks: _____

Verification Officer: _____ Operations Head: _____