E-FORM M DATA FORM

GTCO
Guaranty Trust Bank Ltd

Applicant's Name: _____

Applicant's Account No.: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Tax Identification No.: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Proforma Invoice No.: _____

Proforma Invoice Date: [ ][ ] [ ][ ] [ ][ ][ ][ ]
Day   Month   Year

Mode of Payment: Letter of Credit [ ] Bills for Collection [ ] Not Valid for FX [ ]
(Please tick as appropriate)

Invoice Value: _____

General Description of Goods: _____

_____

HS Code: _____
(Please state for all item(s)

_____

Beneficiary's Name: _____

Beneficiary's E-mail (Mandatory): _____

If Form M has been initiated, state the Form M No.: _____

Note: An excel schedule of proforma invoice is required for multiple line items

_____   _____
Authorized Signatory   Authorized Signatory

[ ][ ] [ ][ ] [ ][ ][ ][ ]   [ ][ ] [ ][ ] [ ][ ][ ][ ]
Day   Month   Year   Day   Month   Year