

Online Banking Form



Guaranty Trust Bank Ltd

Date:
Day Month Year

Account Name: _____ Account No.:

Email Address: _____

Online Banking Access

Resend Login Details Forgot Secret Question/Answer Forgot Password
Account Blocked Token

Account Aggregation

Please complete to link SKS account(s) to signatory's account

Customer Name: _____

Account No.:

Customer Name: _____

Account No.:

Pre-registered Transfer

For frequent transfer with specified limit.

Beneficiary Name: _____

Account No.: Transfer limit:

Beneficiary Name: _____

Account No.: Transfer limit:

Authorized Signatory

Authorized Signatory

For Official Use

CIS: _____

OPS Head: _____

Customer Acknowledgment Slip

Originating Branch: _____

CIS Officer's Name: _____ Staff ID No.:

Signature: _____ Date:
Day Month Year

Kindly tick transaction carried out in the banking hall below:

Token request Cheque Book Request Card Request PIN Issuance