

# Account Migration Form - Individual



Guaranty Trust Bank Ltd

Date:         
 Day Month Year

Surname: \_\_\_\_\_

Other Name: \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Account No.:           
 Mobile Number:

Date of Birth:      
 Day Month Year   
 BVN:

Existing Product		Migrating To	
Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>
SKS	<input type="checkbox"/>	Seniors Current	<input type="checkbox"/>
SKS Teen	<input type="checkbox"/>	GTMax	<input type="checkbox"/>
GTcra8	<input type="checkbox"/>	E-account	<input type="checkbox"/>
		Current (Reference Required)	<input type="checkbox"/>
		SKS Teen	<input type="checkbox"/>
		Seniors Current	<input type="checkbox"/>
		GTcra8	<input type="checkbox"/>
		GTMax	<input type="checkbox"/>
		Savings	<input type="checkbox"/>
		E-account	<input type="checkbox"/>

Reason for change: \_\_\_\_\_

## Data Privacy

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>

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Authorized Signatory

## Terms and Conditions

By signing this document, you confirm that you have reviewed and agreed to the features and terms of the selected account product, as outlined on our website [www.gtbank.com](http://www.gtbank.com), and you further indemnify and hold the Bank, its employees, affiliates, and authorized third parties harmless against any loss, action, expense, claim, harm or damage of whatever nature suffered or sustained by you arising from the Bank granting your request.

## For Official Use

CIS: \_\_\_\_\_

OPS Head: \_\_\_\_\_

Name/Signature/Date

Name/Signature/Date