BVN Linking/Correction Form

GTCO
Guaranty Trust Bank Ltd

Date: ☐☐ ☐☐ ☐☐☐☐
Day Month Year

BVN: ☐☐☐☐☐☐☐☐☐☐☐ Account No: ☐☐☐☐☐☐☐☐☐☐

BVN 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 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 biometric 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 ☐ Phone Number ☐ Email

Gender: ☐ Male ☐ Female

Kindly provide changes below

Current Detail	New Detail
First Name: _____	_____
Middle Name: _____	_____
Surname: _____	_____
Email: _____	_____
Phone Number: ☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐

Others (Please specify) _____

Reason for Change _____

☐ Kindly take this as an instruction to reflect the above correction on my account(s) with the bank

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

_____
Authorized Signatory

For Official Use

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

Remarks: _____

Verification Officer: _____ Operations Head: _____