

Customer Instruction Form



Guaranty Trust Bank Ltd

Date:
Day Month Year

Account Name: _____

Account No.:

Kindly complete the section that is most suitable for your instruction.

General Complaint

Please tick required section as appropriate

Account to Link: Current Savings Account to De-link: Current Savings

Hotlist Card: Visa Card Dollar Master Card Naira MasterCard

Default Card Account: Current Savings

737 Profiling

Activate 737: Deactivate 737:

Restriction Request

Request Type: Add Restriction: Remove Restriction:

Reason(s) For Request: _____

Stop Cheque Payment

Order Type: Stop Cheque Reactivate Cheque Cheque No./Range:

Date on Cheque
Day Month Year Amount:

Beneficiary Name: _____ Account to debit:

Reason: _____

Declaration

- a. I/We agree to indemnify GTBank Ltd for any loss arising from the non-payment of the said instruments
- b. GTBank Ltd will not be responsible if any instrument is paid through ambiguity or error in the details given in the Stop Payment Order section above
- c. We shall notify GTBank Ltd promptly in writing if for any reason this stop payment instruction is cancelled appropriate

Authorized Signatory

Authorized Signatory

For Official Use Only

CIS: _____ OPS Head: _____

Customer Acknowledgment Slip

Originating Branch: _____

CIS Officer's Name & Signature: _____

OPS Head Name & Signature: _____