

Foreign Draft Issuance Request Form



Guaranty Trust Bank Ltd

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Day Month Year

Name of Ordering Customer: _____

Address: _____

Kindly issue a foreign draft of the following details on my/our behalf:

Amount _____ (Words) _____

(Please specify currency)

Name of Beneficiary: _____

Beneficiary's Address: _____

Beneficiary's Post Code: _____

Purpose of Payment: _____

Please Debit

My/Our Dom. Account No.:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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 For Principal

My/Our Account No.:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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 For Commission and VAT

Customer's e-mail Address: _____

Phone No: _____

Customer's Signature

Customer's Signature

Official Use

Balance in A/c: _____ Date: _____

Source of funds: Cash Inflow Others: _____ Date: _____

ACCOUNT OFFICER: Name _____ Unit: _____

FXFTF/OPL/04052011

E-mail Address: _____ Signature _____

TSG: Originating Branch _____

OPS HEAD: Name: _____

Signature/Date

Customer's Balance

FT Officer: Name: _____ Signature: _____