

Corporate Internet Banking - GAPS



Guaranty Trust Bank Ltd

Date
 Day Month Year

Company Name: _____

Account Information

Account No.: _____

Account/Sub Accounts to be profiled:

All accounts Select Account
 (List accounts or related account(s) and companies to be activated for single profile user below)

Account Name: _____ Account No.: _____

Account Name: _____ Account No.: _____

User Roles & Functions

| Role Code | Users | Responsibilities | Basic Functions |
|-----------|----------------------|--|---|
| Admin | System Administrator | <ul style="list-style-type: none"> ▪ Represents the I.T departments ▪ Responsible for user friendly activity on the software access and audit trail. ▪ Responsible for setting file type and format on GAPS | <ul style="list-style-type: none"> ▪ Setup file type and format ▪ Login Trail & User Activity ▪ Password Reset Enable and disable |
| UPL | Uplaader | <ul style="list-style-type: none"> ▪ Represent the Accounts/Finance/Treasury/ Human Resources. ▪ Initiates all transactions and file upload ▪ Review batch status ▪ Review reports and account balance | <ul style="list-style-type: none"> ▪ Setup file type and format ▪ Initiate and submit all transactions ▪ Upload all payment files View batch status ▪ Account to debit ▪ Account statement & Balance enquiry ▪ PMT Report ▪ Exception Report ▪ Own account transfer |

Token Request

*Note: All users will require tokens to sign in to GAPS

Please tick as appropriate: Electronic Token: Hardware Token:

Kindly take this as an authority to issue _____ unit(s) of tokens for our users.

Kindly complete the indemnity in the overleaf

Hardware token(s) should be released to: _____
(Name)

Mode of Identification: _____

Approval Information

At a meeting of the Board of Directors of the Company it was resolved that Guaranty Trust Bank Ltd ("the Bank") should profile the Company on the Bank's Corporate Internet Banking - GAPS Platform and the Bank is hereby authorised to honor the Instructions contained herein.

The persons whose signatures appear below have been duly authorised to give this mandate.

Dated this _____ day _____, 20_____

Name of Director: _____ Name of Director: _____

Signature & Date: _____ Signature & Date: _____

Company Seal: _____

For Official Use

Signature Verification: _____
CIS NAME & SIGNATURE

Approved by _____
TSG NAME & SIGNATURE