

Date:
 Day Month Year

Guaranty Trust Bank Ltd
RC 152321

Account Name: _____

Existing Account Number:

Type of Account: Sole Proprietor Partnership Unincorporated Corporate

Others (Please specify): _____

Product Features

Please select only one product option by ticking the box

GTBusiness Silver <input type="checkbox"/>	GTBusiness Gold <input type="checkbox"/>
<ul style="list-style-type: none"> ■ Minimum Opening amount- ₦10,000.00 ■ Minimum Balance - ₦10,000.00 ■ A fixed monthly charge of ₦2,000 applies. ■ ₦1/mille CAMF is applied on the excess of ₦20,000,000.00 monthly turnover 	<ul style="list-style-type: none"> ■ Minimum Opening amount- ₦20,000.00 ■ Minimum Balance - ₦20,000.00 ■ A fixed monthly charge of ₦5,000 applies. ■ ₦1/mille CAMF is applied on the excess of ₦50,000,000.00 monthly turnover.
GTBusiness Platinum <input type="checkbox"/>	GTBusiness Premium <input type="checkbox"/>
<ul style="list-style-type: none"> ■ Minimum Opening amount- ₦50,000.00 ■ Minimum Balance - ₦50,000.00 ■ A fixed monthly charge of ₦10,000 applies. ■ ₦1/mille CAMF is applied on the excess of ₦100,000,000.00 monthly turnover 	<ul style="list-style-type: none"> ■ Minimum Opening amount- ₦500,000.00 ■ Minimum Balance - ₦500,000.00 ■ No monthly charge ■ ₦1/mille CAMF is applied on the excess of ₦400,000,000.00 monthly turnover

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>

Signature _____

Date:
 Day Month Year

Declaration

I/We hereby apply for the opening of an account with Guaranty Trust Bank Ltd. I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and therefore warrant that such information is correct.

1. _____ Name _____ Signature Date:
 Day Month Year

2. _____ Name _____ Signature Date:
 Day Month Year

For Official Use

CIS: _____

OPS Head: _____

Name/Signature/Date

Name/Signature/Date