

Local Dispense Error Form



Guaranty Trust Bank Ltd

*Please note that all sections must be completed.

Incomplete forms will not be treated.

PLEASE COMPLETE THE FORM IN BLOCK / CAPITAL LETTERS

BVN:

*Cardholder's Name: _____

Card No. (First six digits): (last four digits):

Account No.: House Address: _____

E-mail Address: _____ Phone No.:

Please tick the box which identifies the channel of transaction

ATM GTMobile Smartcard No.: _____

POS Quickteller PNR/Ticket No.: _____

Web PHCN Meter No.: _____

Others: _____

Cash not dispensed Partial dispense Goods / Service not received

Below are the details of the affected transaction(s):

Transaction Date	Transaction Amount	Merchant Name / Bank Name	***Bank Document No. (STAN)

***Bank Document Number is a 10 digit number available on your statement or confirm from the CIS Officer in the branch.

I _____ confirm that the information provided is accurate and I can be held liable for irregularities in the details supplied to the bank.

Customer's Signature

Date

Official Use Only

Officer's Name: _____ Signature: _____

Customer Information Update Acknowledgement Slip

Originating Branch: _____

Cis Officer's Name: _____ Staff ID No.

Signature: _____ Date:
Day Month Year