



Guaranty Trust Bank (Ghana) Ltd

Name:

Surname First Name Other Names

Residential Address:

Mailing Address:

Tel Nos: (Mobile) (Office/Fax) Home:

Date of Birth: /DD /MM /YY

Email:

Occupation/ Profession:

Nationality:

Employer's Name and Address:

Name & Occupation of Spouse:

I hereby request and authorize you to open a savings account in my name.

I certify that the above particulars are true and correct.

I agree

- 1. To guard against access to my withdrawal slip by unauthorized persons.
2. That interest will be allowed on my savings account at ruling rates and subject to prevailing conditions.
3. That all sums for the credit of my account should be accompanied by a pay-in-slip showing the name and number of the account to be credited.
4. That withdrawals can only be made by me at the branch in which my account is domiciled and on the basis of withdrawal slips.
5. That any change in my address should be at once be communicated to Guaranty Trust Bank (Ghana) Ltd at the branch where my account was opened.
6. That a quarterly Statement of Account will be sent to me, discrepancies observed on my Statement of Account shall be notified to Guaranty Trust Bank (Ghana) Ltd within 15days of the date thereof.

Signature

Signature

Date

Date

FOR OFFICIAL USE ONLY

Scanned By: CIS officer

Signature & Date

Authorised By: Head - CIS

Signature & Date

Account Opened by: CIS officer

Signature & Date

1 Completed Signature Card. 1 Passport Photograph Identification

Account No:

Account number input fields

SPECIMEN SIGNATURES (INDIVIDUAL)



Account No:

Guaranty Trust Bank (Ghana) Ltd

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Account Name:

Address:

Tel No: (Mobile)

Tel No: (office/home)

	Photograph
Title: (Mr, Mrs etc)	
Name:	
Signature:	
Authorised Combination: (For Joint Account Holders)	

Title (Mr, Mrs etc)	Name	Photograph
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Signature

Title (Mr, Mrs etc)	Name	Photograph
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Signature
