STS ACCOUNT OPENING FORM
(Smart Teens Save)

GTBank

Guaranty Trust Bank (Ghana) Limited
RC C-68,758

Name of Smart Teen:

Residential Address:

Mailing Address:

Date of Birth: DD / MM / YY

Nationality:

Name of School:

School Address:

E-mail:

Male ☐ Female ☐

Name of Parent / Guardian / Sponsor:

Tel (Home): (Mobile): E-mail:

Account No. Of Parent (if applicable)

I hereby authorise you to open a Smart Teen Save Account ("the account") in my Child / Ward's name with an initial.

Sum of ¢

I AGREE

1. To guard against access to my withdrawal slip by unauthorised persons.
2. To act as Sole signatory to the account (Delete as appropriate)
3. That interest will be paid on the account at ruling rate and subject to prevailing condition.
4. That withdrawals can only be made by the account holder / signature on the basis of withdrawal slip.
5. That any change in my address or data of the account holder / signature shall immediately be communicated to Guaranty Trust Bank.
6. That a quarterly Statement of Account will be sent to the account holder / signature, and discrepancies observed on the said Statement of Account shall be notified to the bank within 15days of the date thereof. Guaranty Trust Bank shall assume that the entries made are correct, having failed to receive any notice or information to the contrary within the stipulated period.

I certify that the above particulars are true and correct

Parent's Signature & Date

FOR OFFICIAL USE ONLY

Scanned By: Name / Signature & Date

Account Opened By: Name / Signature & Date

Authorised By: Name / Signature & Date

1 Completed Signature Card. ☐ 1 Passport Photograph ☐ Identification ☐

Account No.