TARGET SAVINGS ACCOUNT OPENING FORM

GTBank

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

Name:
Surname First Name Other Names

Residential Address:

Mailing Address:

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

Date of Birth: DD / MM / YY

E-mail:

Occupation / Profession:

Nationality:

Employer's Name and Address:

Name & Occupation of Spouse:

I hereby request and authorise 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 unauthorised persons.

2. That interest will be paid on my savings account at ruling rate 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. The entry of the transaction will be verified by the initial of an officer of Guaranty Trust Bank (Ghana) Ltd. On the duplicate of the pay-in-slip.

4. That any change in my address should at once be communicated to Guaranty Trust Bank (Ghana) Ltd.

5. That a quarterly Statement of Account will be sent to me, discrepancies observed on the Statement of Account shall be notified to Guaranty Trust 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.

Signature

DD / MM / YY
Date

FOR OFFICIAL USE ONLY

Scanned By: CIS Officer Signature & Date

Account Opened By: CIS Officer Signature & Date

Authorised By: Head - CIS Signature & Date

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

Account No.

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