

GUARANTY TRUST BANK (GHANA) LTD



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

HEAD OFFICE

TREASURY BILLS PURCHASE FORM

SECTION A

NAME DATE

MALE FEMALE

DATE OF BIRTH / DATE OF INCORPORATION.....

ITF OR JOINT ACCOUNT: NAME D.O.D.....

ADDRESS

TELEPHONE FAX

NATIONALITY E-MAIL

(PLEASE FILL ONE OF THE BOXES BELOW)

VOTER ID/ SSF-NO.

PASSPORT NO.

DRIVERS LICENCE NO.

BIRTH CERTIFICATE NO.

EXISTING CLIENT ID ISSUED BY BANK / NBFI.....

SECTION B (PLEASE TICK)

TYPE OF BILLS

91- DAY

1-YEAR NOTE

OTHER

182- DAY

2- YEAR

FIXED

AMOUNT IN WORDS

AMOUNT IN FIGURES INTEREST UPFRONT INTEREST AT MATURITY

SECTION C (PLEASE TICK)

DISPOSAL INSTRUCTIONS UPON MATURITY

ROLLOVER **WITH** INTEREST FOR DAYS ROLLOVER **WITHOUT** INTEREST FORDAYS

DO **NOT** ROLLOVER

TYPE OF ACCOUNT ACCOUNT NO.....

SIGNATURE OF CUSTOMER.....

SECTION D

CIS REP/ACCOUNT OFFICER/ RELATIONSHIP MANAGER

I CERTIFY THAT INFORMATION PROVIDED BY CUSTOMER IS CORRECT.

SIGNATURE NAME

DATED