GUARANTY TRUST BANK (GHANA) LTD

HEAD OFFICE **TREASURY BILLS PURCHASE FORM**

Guaranty Trust Bank (Ghana) Ltd

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 FOR ……DAYS

☐ 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 ……