

FOREIGN FUNDS TRANSFER REQUEST FORM



Guaranty Trust Bank plc
RC 152321

Date: / /

Name of Ordering Customer

Address:

Kindly effect transfer of the following on my/our behalf

Amount: (in Words)

(Please specify currency)

Name of Beneficiary:

Beneficiary's Bank:

Beneficiary's Bank Address:

Beneficiary's Bank:

Routing/Swift No:

Account No. (At Beneficiary's Bank):

Purpose of Payment:

Please Debit

My/our (Dom. A/C) Account No.

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 For Principal & Commission

Account No. (Naira A/C)

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 For telex charges

Signature

Signature

Official Use

Authorised Dealer Endorsement:

Name

Sig/Date

Authorised Approving Officer:

Name

Sig/Date

Signature Verification

Comments: