

# GTBANK LOCAL DISPENSE ERROR FORM



**\*Please note that all sections must be completed. Incomplete form will be rejected.**

**PLEASE COMPLETE THE FORM IN BLOCK/CAPITAL LETTERS**

Guaranty Trust Bank plc

\*CARDHOLDER'S NAME: \_\_\_\_\_

\* CARD NUMBER (First six digits):       (last four digits):

\* ACCOUNT NUMBER: \_\_\_\_\_ \* HOUSE ADDRESS: \_\_\_\_\_

\* EMAIL ADDRESS: \_\_\_\_\_ \* MOBILE NUMBER: \_\_\_\_\_

**Please tick the box which identifies the channel of transaction**

ATM	<input type="checkbox"/>	GTMOBILE	<input type="checkbox"/>	Smartcard number: _____
POS	<input type="checkbox"/>	QUICKTELLER	<input type="checkbox"/>	PNR/Ticket number: _____
WEB	<input type="checkbox"/>			PHCN Meter number: _____
				Others _____

Cash not dispensed <input type="checkbox"/>	Partial dispense <input type="checkbox"/>	Goods/Service not received <input type="checkbox"/>
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**Below are the details of the affected transaction(s):**

Transaction Date	Transaction Amount	Merchant Name/Bank Name	***Bank Document Number (STAN)

\*\*\* Bank Document Number is a 10 digit number available on your statement or confirm from the CIS Officer in the branch

***I confirm that the information above is genuine and can be held responsible for any irregularities in the information provide to the bank.***

<sup>1</sup>Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICIAL USE ONLY:**

Officer Name: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_

\_\_\_\_\_