

Prepaid Dollar Card Application Form



Guaranty Trust Bank plc
RC 152321



Date:
DD MM YYYY

This application is for:

Prepaid MasterCard Prepaid Visa

Passport
Photograph

Personal Details

Pick Up Branch _____

Title: (please specify) Surname: _____

Maiden Name (if applicable): _____ Gender: Male Female

Other Names: _____

Date of Birth:
DD MM YYYY

Nationality: _____

Contact Address (not P.O.Box): _____

Work Tel No: _____ Mobile Tel No: _____

Home Tel No: _____ E-mail: _____

Identification Type: _____ Identification No: _____

Country of Issue: _____ Expiry Date:
DD MM YYYY

Purpose of purchasing Prepaid Card: _____

Have you purchased a Prepaid Card before? Yes No If yes, please indicate card name: _____

Occupation Details

Employee Self-Employed Unemployed Student Others

Occupation/Profession: _____ Business/Employer's Name: _____

Business/Employer's Address: _____

Account Details

Do you have an account with Guaranty Trust Bank plc? Yes No If yes, please indicate account number:

Amount to fund Prepaid card (in words): _____

(In figures): US\$ _____

I hereby acknowledge and accept the terms and conditions (overleaf) governing the use of this product: _____
Signature

The information requested below will be used to confirm your identity when you call GTConnect (+234 -700-GTCONNECT, +234-700-48266328, -234-1-448-0000,+238-80-2900-2900,+234-80-3900-3900) to activate your card. Please keep it confidential.

Test Question: _____

Test Answer: _____

FOR OFFICIAL USE

CIS Officer

Operations Head