

Foreign Draft Issuance Request Form

GTBank

Guaranty Trust Bank plc
RC 152321

Day		Month		Year					

Name of Ordering Customer: _____

Address: _____

Kindly issue a foreign draft of the following details on my /our behalf:

Amount: _____ (Words) _____

_____ (Please specify currency)

Name of Beneficiary: _____

Beneficiary's Address: _____

Beneficiary's Post Code : _____

Purpose of Payment: _____

Please Debit

My/Our Dom. Account No. :

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For Principal

My/Our Account No. :

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For Commission and VAT

Customer's e-mail Address: _____ Phone No: _____

Customer's Signature:

Customer's Signature:

Official Use

Balance in A/c : _____ Date: _____

Source of funds: Cash Inflow Others: _____ Date: _____

ACCOUNT OFFICER: Name: _____ Unit : _____

E-mail Address: _____ Signature: _____

TSG: Originating Branch: _____ OPS HEAD: Name: _____

Signature/Date

Customer's Balance

FT Officer: Name: _____ Signature: _____