



Guaranty Trust Bank (Gambia) Ltd

### ENGS ACCOUNT OPENING FORM

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MINIMUM MONTHLY PAYMENT OF \_\_\_\_\_ EFFECTIVE

MONTH \_\_\_\_\_ INVESTMENT PERIOD \_\_\_\_\_

\_\_\_\_\_

I hereby request and authorize you to open an ENGS account in my name.

I certify that the above particulars are true and correct.

I agree:

1. To guard against access to my GTSave passbook by unauthorized persons.
2. That interest will be allowed on my savings account at ruling rates and subject to prevailing conditions.
3. That all sums for the credit of an account should be accompanied by a pay-in-slip (Deposit Slips) showing the name and number of the account to be credited.

4. That withdrawal can only be made after minimum investment period. Exceptional Withdrawal is allowed after 1 year minimum investment period without any penalty.
5. That any change in the address of the account holder shall at once be communicated to Guaranty Trust Bank at the branch where the account was opened.
6. That a quarterly Statement of Account will be sent to me via email, any discrepancies with entries on my Statement of Account will be notified to Guaranty Trust Bank within 15 days of the date thereof, Guaranty Trust Bank shall assume that the entries made are correct having failed to receive any notice or information to the contrary within the stipulated period.

**CUSTOMER'S SIGNATURE & DATE**

**For Official Use:**

**CHECK LIST**

a) Passport Photograph  b) 1 Mandate Card  c) Required Identification

APPROVAL: \_\_\_\_\_  
(CIS OFFICER - NAME) (SIGNATURE & DATE)

ACCOUNT OPENED BY: \_\_\_\_\_  
(CIS OFFICER – NAME) (SIGNATURE & DATE)

SIG. SCANNED BY: \_\_\_\_\_  
(CIS OFFICER – NAME) SIGNATURE & DATE)