Guaranty Trust Bank (Gambia) Ltd

STOP PAYMENT INSTRUCTION FORM (INDIVIDUAL)

ACCOUNT NAME: ……

ACCOUNT NUMBER (S): ……...

CHEQUE NUMBER (S): ……

CHEQUE DATE: ……

REASON FOR STOP PAYMENT: ……

……

……

……

Please deduct D250 charge from my/our account for this service.

ACCOUNT OWNER: ……..

SIGNATURE: ……..

CHEQUE DATE: ……

SIGNATURE: ……..

OFFICIAL USE:

DATE RECEIVED: ……

TIME STAMP: ……