



Guaranty Trust Bank (Gambia) Ltd

STANDING ORDER REQUEST FORM

DATE: _____

ORDERING CUSTOMER

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

AMOUNT OF STANDING ORDER PAYMENT (N): _____

AMOUNT IN WORDS: _____

FREQUENCY OF PAYMENT: _____
(Daily / Weekly / Monthly / Quarterly etc)

START DATE: _____

END DATE: _____

BENEFICIARY INFORMATION:

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

BANK: _____

REMARKS (IF ANY): _____

AUTHORISED SIGNATORY

AUTHORISED SIGNATORY