



Guaranty Trust Bank (Gambia) Ltd

STOP PAYMENT INSTRUCTION FORM (CORPORATE)

ACCOUNT NAME:

ACCOUNT NUMBER (S):

CHEQUE NUMBER (S):

CHEQUE DATE:

REASON FOR STOP PAYMENT:

.....

.....

.....

Please deduct D200 charge from my/our account for this service.

ACCOUNT OWNER:

SIGNATURE:

CHEQUE DATE:

SIGNATURE:

OFFICIAL USE:

DATE RECEIVED:

TIME STAMP: