



Guaranty Trust Bank (Gambia) Ltd

STOP PAYMENT INSTRUCTION FORM (INDIVIDUAL)

ACCOUNT NAME:

ACCOUNT NUMBER (S):

CHEQUE NUMBER (S):

CHEQUE DATE:

REASON FOR STOP PAYMENT:

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Please deduct D50 charge from my/our account for this service.

ACCOUNT OWNER:

SIGNATURE:

CHEQUE DATE:

SIGNATURE:

OFFICIAL USE:

DATE RECEIVED:

TIME STAMP: