

VISA CARD APPLICATION FORM



Guaranty Trust Bank (Gambia) Ltd

Four boxes for Day, Month, Year

Day Month Year

PRINCIPAL CARD HOLDER DETAILS

Surname: Title:

Other Names: Email:

Maiden Names (if applicable): Telephone No:

Date of Birth: Three boxes for day, month, year

Nationality:

I.D No: Expiry Date: Marital Status:

Annual Income: Mother's Maiden Name:

Residential Address:

The information requested below will be used to confirm your identity when you call the help desk 00220-4376377, 4376378 to activate your card. Please keep it confidential:

Test Question: Test Answer:

Next of Kin: Tel no of Next of Kin:

Please indicate Account Number (s):(Leave blank for new account

If you would like to apply for any member of your family please provide ADDITIONAL CARDHOLDER(S) INFORMATION Surname:

Other Names:

Date of Birth: Three boxes for day, month, year

Telephone No:

Email:

Occupation/Profession: Relationship to Principal Cardholder:

Signature of Additional Cardholder:

Correspondence should be forwarded to:

Address:

Authorised Signatory(s):

Date:

NB: Card Issuance fee – D450.00 Annual maintenance (payable to VISA International) – D900.00. 15% VAT exclusive.

Terms and conditions apply for the operations of our Visa cards.