VISA CARD APPLICATION FOR Guaranty Trust Bank (Gambia) Ltd

Day Month Year

PRINCIPAL CARD HOLDER DETAILS

Surname:_____ Title: _____

Other Names:_____ Email:_____

Maiden Names (if applicable):_____ Telephone No: _____

Date of Birth: 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: 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 – D1250.00 Annual maintenance (payable to VISA International) – D750.00

This card has a validity of 3 years.

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