Foreign Funds Transfer Request Form

PLEASE FILL IN FORM IN CAPITAL LETTERS	GTCO	
Guaranty Day Month Year	Trust Bank Ltd	
Name of Ordering Customer:Address:		
Transfer Amount: (In Words) (Please specify currency)		
Source of wealth and source of funds:		
Nature of sender's business:		
Nature of Beneficiary's business		
Name of Beneficiary:		
Beneficiary's address:		
Beneficiary's Bank:		
Beneficiary's Bank Address:		
Relationship between the sender and the beneficiary:		
Should we expect similar transaction in the future Yes No		
Confirmation that this IS NOT a third party transaction Yes No		
Beneficiary's Account No. /IBAN:		
(IBAN Mandatory for EURO Zone and UAE transfers):		
Sort Code (Mandatory for POUNDS transfers to UK):		
Routing No.: (Mandatory for US transfers)		
BIC:		
Intermediary Bank (if any):		
Purpose of Payment:		

Please state account to debit for:

Principal:	
Phone No.:	
Customer's Signature:	Customer's Signature:
KINDLY SIGN-OFF ALL ALTERATIONS	
Official Use	
Source of funds: Cash Inflow Lodgement Value:	
Foreign Currency Account Balance:	

Naira Account Balance: _____