

## Online Banking Form



Guaranty Trust Bank Ltd

Date        
Day Month Year

Account Name: \_\_\_\_\_

Account No.:

Email Address: \_\_\_\_\_

## Online Banking Access

Resend Login Details  Forgot Secret Question/Answer   
Forgot Password  Account Blocked  Token

## Account Aggregation Please complete to link SKS account(s) to signatory's account

Customer Name: \_\_\_\_\_

Account No.:

Customer Name: \_\_\_\_\_

Account No.:

## Pre-Registered Transfer For frequent transfer with specified limit.

Beneficiary Name: \_\_\_\_\_

Account No.:           Transfer Limit:

Beneficiary Name: \_\_\_\_\_

Account No.:           Transfer Limit:

\_\_\_\_\_  
Authorised Signatory

\_\_\_\_\_  
Authorised Signatory

## For Official Use

CIS: \_\_\_\_\_ OPS Head: \_\_\_\_\_

## Customer Acknowledgement Slip

Originating Branch: \_\_\_\_\_

CIS Officer's Name: \_\_\_\_\_ Staff ID No.:

Signature: \_\_\_\_\_ Date:     
Day Month Year

Kindly tick transaction carried out in the banking hall below:

Token Request  Cheque Book Request  Card Request

PIN Issuance