

Guaranty Trust Bank (Rwanda) plc

Branch:	Date: Day Month Year
MOBILE BANKING (*600#) PIN RESET REQUEST FORM	
Account No : Mobil (manda	e No atory)
Surname: (mandatory)	
First Name: (mandatory)	
Signature of the Applicant	
FOR BANK USE ONLY	
Reviewed by	
Date and Signature	
Approved by	
Date and Signature	

