

Guaranty Trust Bank (Rwanda) plc

GT COLLECTION APPLICATION FORM

Date Company

Name:

E-mail Address :

ACCOUNT INFORMATION

Account		
number to be		
used for		
collection:		
Account Name:		

Phone Number:

USER INFORMATION

Kindly provide the details to be appear in GTCOLLECTION depend on informations wanted by your Organization

Sample of details: "Please tick in each colon if you need it and mention the name of another if there are."

• • •	Student Names Amount Paid Motif Year/Trimester	Customer Name Meter ID POC/Customer Zone/Branch	ID
•	Class	Balance	
•	Deposit by	Received by	
•	Transaction Date	Registration Number	
Othe	er:		
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Approval Information

Please note that company(s) or Organization(s) shall be set up in GT Collection in accordance with the bank's mandate. Only signatories to the account(s) shall be accept and authorize the bank to set up the Company or the Organization in GT Collection. Non Signatories do not have that right until the board resolution authorizing such persons to act in that capacity is submitted to the bank.

	Signature:	
• •	Name : Bignature:	
	-	Signature :

For Bank Officer

Treated by: Approved by: