



Guaranty Trust Bank (Rwanda) plc

STANDING INSTRUCTION (SI) REQUEST FORM

Date: ----- Account N° -----

Name of Account: -----

I/we hereby request GT BANK to kindly effect the following transfer:

Please pay: ----- (Name of Bank)

Branch Name: -----

Reason: -----

For Credit to: Account N°: ----- (With above Bank)

Of: ----- (Name of Beneficiary)

An Amount of: Rwf -----

Amount in words: -----

Only

Start time: Every/date ----- of the month

Period/duration: From ----- To -----

I authorize GT BANK to charge my account according to the applicable tariff

Signature (s) of Account Holder – as per Mandate held with GT BANK.

For official use

Received by Bank on: ----- Staff/service: -----

Receiving Officer: ----- Input Date: -----