

Account Items Request Form



Guaranty Trust Bank (Tanzania) Ltd.

Date

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Day Month Year

Name: _____

E-mail Address : _____ Mobile No. : _____

[illegible]

Token Request

☐ Please tick required section as appropriate

[illegible]

Reason for Re-issue : Lost ☐ Stolen ☐ Damaged ☐

*Tokens can only be released to Account Holders at the specified pick-up branch.

Cheque Book Request

☐ Please tick required section as appropriate

Kindly take this as an authority to issue a new cheque book to me/us

No. of leaves : Cheque Range : Account to Debit :
 Please note that the applicable charge will be debited to the above account

Card Request

☐ Please tick required section as appropriate

Request Type : Card Replacement ☐ Renewal pick-up ☐ New pick-up branch (Renewal) : _____

Kindly select option : Dollar MasterCard ☐ TZS MasterCard ☐

Reason for Request : Lost ☐ Stolen ☐ Card Retraction ☐ Suspected Fraud ☐ Damaged ☐

Account to Debit :

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Please note that the applicable charge for card replacement will be debited to the above account

Pin Issuance

☐ Please tick required section as appropriate

Request Type : New ☐ Re-issue ☐

Kindly tick relevant option : Dollar MasterCard ☐ TZS MasterCard ☐ Internet Banking Passcode ☐

	<div style="border: 1px solid black; width: 80px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 80px; height: 20px; margin-bottom: 2px;"></div>
Account to Debit :	
<small>Please note that the applicable charge for dollar PIN re-issue will be debited to the above account</small>	

Expiry Date on Card:

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 Month

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 Year Last Four Digits on Card:

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Caution

- 1) Cheque books/cards must be kept secured at **all** times. Loss of cheques/cards should be reported to the bank promptly.
- 2) PINs, passwords, token and answer to secret question must not be released to any third party.
- 3) The bank **will not** be held liable for loss arising from improper cheque/card handling and/or compromise of personal information.

Authorized Signatory

Authorized Signatory

Customers are advised to request for the Customer Acknowledgment Slip

For Official Use

CIS : _____
Name/Signature/Date

OPS Head : _____
Name/Signature/Date

Approved By (Tech Audit) : _____
Name/Signature/Date