

Customer Instruction Form



Guaranty Trust Bank (Tanzania) Ltd.

Date:
Day Month Year

Account Name: _____

Account No.: Mobile No.: _____

Email Address: _____ Branch: _____

Stop Payment Order

Order Type : Stop Cheque ☐ Unstop Cheque ☐ Cheque No./Range: Amount :

Date on cheque :
Day Month Year Account to Debit:

Beneficiary Name : _____

Reason : _____

Declaration

- a) I/We agree to indemnify GTBank Tanzania Limited for any loss arising from the non-payment of the said instruments
b) GTBank Tanzania Limited will not be responsible if any instrument is paid through ambiguity or error in the details given in the Stop Payment Order section above
c) I/We shall notify GTBank Tanzania Limited promptly in writing if for any reason this stop payment instruction is cancelled.

Statement Request

Request Type : Statement by E-mail ☐ Statement Print Out ☐

Frequency: Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Others (state required period) : _____
(For statement by email only)

Tick relevant Account: Savings ☐ Current ☐ Domiciliary ☐ Dollar MasterCard ☐ Visa Card ☐

Please note that the applicable charge for 'Statement Print Out' will be debited to the account number provided

Card/Cheque Book Related Instruction

Option: Visa Card ☐ Dollar MasterCard ☐ TZS MasterCard ☐ Cheque Book ☐

Request Type: Link Card ☐ De-link Card ☐ Hotlist Card ☐ Transfer Card ☐ Transfer Cheque ☐

Expiry Date on Card :
Day Month Year Last Four Digits :

Account to Link: Current ☐ Savings ☐ Account to De-link: Current ☐ Saving ☐

Reason for Hotlist : Lost ☐ Stolen ☐ Damaged ☐ Suspected Fraud ☐

Authorized Signatory

Authorized Signatory

For Official Use

CIS : _____ OPS Head : _____
Name/Signature/Date Name/Signature/Date

Customer Acknowledgement Slip

Branch: _____

CIS Officer's Name: _____ Staff ID No.:

Signature: _____ Date:
Day Month Year

Kindly tick transaction carried out in the banking hall below:

Stop Payment Order ☐ Statement Request ☐ Card/Cheque Book Related Instruction ☐