

INTERNET BANKING APPLICATION FORM



Date...../...../.....
Day Month Year

Guaranty Trust Bank (SL) Ltd

Please tick as Appropriate:

Individual Corporate

Account Name:

Account No:

Originating Branch:
(Branch where instruction is submitted for Processing)

Telephone No:

Mobile No:

E-mail Address:

Account (s) to Profile

Current Savings Domiciliary All

Please issue me a Token to enhance security of my Internet banking transactions

Pick up option: Self Proxy

*(The customer should send proxy with a duly signed letter of authorization. Proxy should also submit his/her ID)

Proxy Name:

Address:

Mobile No:

Problem (s) encountered

Did not receive ID/Passcode Forget secret question and answer Account block due to several PIN entries Forget Passcode

Are you changing your E-mail address: No

Old e-mail: New e-mail:

Customer Responsibility

You hereby agree to take responsibility for protecting and ensuring the safety of your user login profile (user ID and password) at all times. Registration for the internet banking services is profiled for a single user only; you must not permit other persons to use your login profile nor disclose your details to third parties. GTBank will not be liable for losses arising from un-authorized access to or use of your account arising from negligence or failure to safeguard and protect your user login profile or any other information protection device or functionality provided by the bank to facilitate confidentiality, integrity and accuracy of your data and online transactions.

Service Access

Your access to the internet banking service may be suspended at any time without notice to maintain the integrity of the service or instances of system maintenance or failure, or for any reason beyond the bank's control. GTBank also reserves the right to temporarily or permanently change, modify or discontinue this service at any time without notice. You hereby agree that GTBank would not be liable to you or any third party for the exercise of these rights of suspension, modification or discontinuation.

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Authorized Signatory

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Authorized Signatory

For Official Use Only

CIS:

OPS Head:

Date: Signature:

Date: Signature: