



Estimated Annual Turnover

a) Less than Le50 Million Le50 Million - Less than Le500 Million Le500Million - Less than Le5 Billion
Above Le5 Billion

b) Is Your Company quoted on any Stock Exchange? Yes No

c) If answer to Question (b) is yes, indicate which Stock Exchange and the Stock Symbol: _____

Account Services(s) Required (Please tick applicable option below)

Corporate Internet Banking Preference: GAPS Email Statement Leones MasterCard USD MasterCard

Email Alert SMS Alert (charges apply) GT-SimPay Internet Banking Token (charges apply)

- Kindly note that your account will be debited with a fee as cost for your MasterCard once the account is opened
- Checked e-banking services are available when the account is opened (3rd party transfers on e-channel will require a token)
- Charges apply on MasterCard, SMS Alert, GT-SIMPAY and Internet Banking for usage and maintenance as the case may be

Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition (Fees Apply): 50 Leaves 100 Leaves 200 Leaves 250 Leaves

*GTBank Automated Payment System (GAPS) is a secure web-based service that facilitates the processing of Vendor, Supplier or Payroll payment in batches or single payment, using secured connections over the internet

Key Contact Person(s)

1. Full Name:

Job Title:

Email:

Mobile No.:

Office Address:

2. Full Name:

Job Title:

Email:

Mobile No.:

Office Address:

Details of Account Signatory 1:

Title: Surname:

(Please specify)

First Name:

Other Name(s):

Marital Status: Single Married Others Gender: Male Female

(Please tick as appropriate)

Place of Birth: Date of Birth:

Day Month Year

Mother's Maiden Name:

Educational Level:

Name of Next of Kin:

Town of Origin: Provincial District of Origin:

Tax Identification/ NASSIT No.:

Religion:

Means of Identification: ID No:

ID Issue Date: ID Expiry Date:

Occupation: Status/Job Title:

Position/ Office of the Signatory:

Nationality: Sierra Leonean Others (Please Specify) _____

Resident Permit No.:

Permit Issue Date: Permit Expiry Date

(For non-Sierra Leoneans)

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: Region:

Mailing Address:

Mobile No.: Phone No.:

Email Address:

I hereby attest that the above information is true and complete

Signature: _____ Date:

Official use only

Verified By (Full name) _____

Signature: _____ Date:

Details of Account Signatory 2:

Title: Surname:

(Please specify)

First Name:

Other Name(s):

Marital Status: Single Married Others Gender: Male Female

(Please tick as appropriate)

Place of Birth: Date of Birth:

Day Month Year

Mother's Maiden Name:

Educational Level:

Name of Next of Kin:

Town of Origin: Provincial District of Origin:

Tax Identification/ NASSIT No.:

Religion:

Means of Identification: ID No:

ID Issue Date: ID Expiry Date:

Occupation: Status/Job Title:

Position/ Office of the Signatory:

Nationality: Sierra Leonean Others (Please Specify) _____

Resident Permit No.:

(For non-Sierra Leoneans)

Permit Issue Date: Permit Expiry Date

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: Region:

Mailing Address:

Mobile No.: Phone No.:

Email Address:

I hereby attest that the above information is true and complete

Signature: _____ Date:

Official use only

Verified By (Full name) _____

Signature: _____ Date:

Details of Account Signatory 3:

Title: Surname:

(Please specify)

First Name:

Other Name(s):

Marital Status: Single Married Others Gender: Male Female

(Please tick as appropriate)

Place of Birth: Date of Birth:

Day Month Year

Mother's Maiden Name:

Educational Level:

Name of Next of Kin:

Town of Origin: Provincial District of Origin:

Tax Identification/ NASSIT No.:

Religion:

Means of Identification: ID No:

ID Issue Date: ID Expiry Date:

Occupation: Status/Job Title:

Position/ Office of the Signatory:

Nationality: Sierra Leonean Others (Please Specify) _____

Resident Permit No.:

(For non-Sierra Leoneans)

Permit Issue Date: Permit Expiry Date:

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: Region:

Mailing Address:

Mobile No.: Phone No.:

Email Address:

I hereby attest that the above information is true and complete

Signature: _____ Date:

Official use only

Verified By (Full name) _____

Signature: _____ Date:

Details of Account Signatory 4:

Title: Surname:

(Please specify)

First Name:

Other Name(s):

Marital Status: Single Married Others Gender: Male Female

(Please tick as appropriate)

Place of Birth: Date of Birth:

Day Month Year

Mother's Maiden Name:

Educational Level:

Name of Next of Kin:

Town of Origin: Provincial District of Origin:

Tax Identification/ NASSIT No.:

Religion:

Means of Identification: ID No:

ID Issue Date: ID Expiry Date:

Occupation: Status/Job Title:

Position/ Office of the Signatory:

Nationality: Sierra Leonean Others (Please Specify) _____

Resident Permit No.:

(For non-Sierra Leoneans)

Permit Issue Date: Permit Expiry Date

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: Region:

Mailing Address:

Mobile No.: Phone No.:

Email Address:

I hereby attest that the above information is true and complete

Signature: _____

Date:

Official use only

Verified By (Full name) _____

Signature: _____

Date:

Details of the Directors/Executive/Promoters/Principal Officers

1.

Title: Surname:

(Please specify)
First Name:

Other Name(s):

Marital Status: Single Married Others Gender: Male Female
(Please tick as appropriate)

Place of Birth: Date of Birth:
Day Month Year

Mother's Maiden Name:

Means of Identification: ID No:

ID Issue Date: ID Expiry Date:

Occupation: Status/Job Title:

Nationality: Sierra Leonean Others (Please Specify) _____

Residential Address

House/Plot Number: Street Name:

Nearest Bus Stop/Landmark:

City/Town: Region:

Mailing Address:

Mobile No.: Phone No.:

Email Address:

Signature: _____ Date:
Day Month Year

2.

Title: Surname:

(Please specify)
First Name:

Other Name(s):

Marital Status: Single Married Others Gender: Male Female
(Please tick as appropriate)

Place of Birth: Date of Birth:
Day Month Year

Mother's Maiden Name:

Means of Identification: ID No:

ID Issue Date: ID Expiry Date:

Occupation: Status/Job Title:

Nationality: Sierra Leonean Others (Please Specify) _____

Additional Details

1. Name of Affiliated company:

Country of incorporation:

2. Name of Affiliated company:

Country of incorporation:

Accounts held with other banks

S/N	Name and Address of Bank/Branch	Account Name	Account Number	Status: Active/Dormant
1				
2				
3				
4				

Authority to debit account for search fee

Guaranty Trust Bank SL Ltd

.....

.....

Dear Sir,

AUTHORITY TO DEBIT OUR CURRENT ACCOUNT FOR SEARCH FEE

We hereby authorize you to debit our current account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission or relevant agency/authority.

Thank you.

Yours faithfully,

Name and Authorized signature of the Customer/Representative & Date

Name and Authorized signature of the Customer/Representative & Date

Account Opening Mandate

a. Mandate authorization/Combination Rule (Please tick as appropriate):

Sole Signatory Two or more If two or more to sign, please specify

b. Signatories

i. Title:
(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided)

Please affix
Passport photo

Signature _____

Date:
Day Month Year

ii. Title:
(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided)

Please affix
Passport photo

Signature _____

Date:
Day Month Year

iii. Title:
(Please specify)

Surname:

First Name:

Other Name(s):

Class of Signatory
(Please indicate class in the box provided)

Please affix
Passport photo

Signature _____

Date:
Day Month Year

Terms and Conditions

We, the within named company hereby request and authorize you to:

1. Open a Guaranty Trust Bank SL Ltd account in our name:
2. Honour all cheques or other orders which may be drawn on the said account until the Bank receives a written notice to the contrary, provided such cheques or orders are signed by the authorizing signatories as stated in our mandate card and to debit such cheques or orders to the said account and in consideration we hereby irrevocably and unconditionally agree and undertake as follows:
 - a. To assume full responsibility for the genuineness or correctness and validity of all signatories and/or other documents to be deposited in respect of our account with the Bank.
 - b. That advances to the Company by way of overdraft discount, loan mortgage or otherwise credit facilities in any other form, as well as the issuance of guarantees by you from time to time may be requested by any authorized signatory(ies) specified below.
 - c. That the Bank may at any time without notice, notwithstanding any settlement of account of any matter whatsoever combine or consolidate all or any of the then existing account(s) opened in the name of the company or a related party and set-off, appropriate or transfer any such sums(s) standing to the credit of any such account(s) towards the satisfaction of any liabilities of the company whatsoever, whether such liability be present or future, actual or contingent, primary or collateral and several or joint.
 - d. "Related party" means an entity that is: a subsidiary or an affiliate of the company; or an individual (person) that is a director/shareholder of the company; or an entity in which the company is a shareholder.
 - e. That in the absence of any directive to the contrary, any account(s) subsequently opened in the name of the company shall be operated and dealt with upon the terms set out above in so far as the same may be applicable.
 - f. That no liability whatsoever shall be ascribed to the Bank for funds handed to staff of the Bank outside banking hours or outside the Bank's premises unless by specific agreement in writing with the Bank and we hereby indemnify and keep the Bank indemnified against all loss, claim, damage or action that may arise there from.
 - g. That we have been notified by the Bank and we are aware of the necessity of safeguarding our cheque book and other banking instruments so that unauthorized persons are unable to gain access to the cheque book and any of the other banking instruments as failure or negligence on our part may lead to any loss arising therefrom for which we shall be solely responsible and the Bank is hereby absolved of all responsibilities.
 - h. That we shall notify the Bank of any disagreement with entries on our Bank statement within 15 days of receipt of the Bank statement via any medium including but not limited to electronic mail, printed statement or internet banking screen shot, failing which the Bank is expressly permitted to assume that the statement is correct and that we have no objections.
 - i. That the Bank may close any of our accounts with the Bank, 7 days after dispatch of notice in writing, of the Bank's intention to do so, to us at our last known address.
 - j. That the Bank may act on any instruction to counter and or revoke any cheque, draft or other instrument before payment is effected.
 - k. That we hereby indemnify and keep the Bank indemnified against all loss, claim, damage, action, liability or request or repayment of any loss or damage to funds, instruments or documents deposited with the Bank, which occurs as a result of any Government order, law, levy, tax, embargo, moratorium, exchange restriction and/or other causes beyond the Bank's control.
 - l. That all fund standing to our credit in our accounts are payable on demand only in such currency as they are remitted or deposited.

- m. That we shall be bound by any notification of change in conditions governing our account(s) which is communicated or sent to us at our last known address and such notice, letter or correspondence shall be considered as delivered 7 days from the date of dispatch, and its content shall be binding.
 - n. That the Bank is under no obligation to honour any cheques drawn on this account unless there is sufficient fund in the account to cover the value of the said cheques, and we understand and agree that such cheque may be returned to us unpaid. In the event that such cheque(s) is/are honoured and paid for any reason whatsoever, we hereby undertake to pay the Bank on demand the value of said cheques, plus bank charges, interest or fees as the Bank may require.
 - o. That where the Bank, in its absolute discretion, has reasonable grounds to suspect that any cheque, instruction or instrument purportedly issued by us contains any fraudulent element of whatsoever nature, the Bank may refuse to honour such instrument.
3. We hereby affirm that we are aware that it is crime under the laws of the republic of Sierra Leone to issue cheques without sufficient funds in our account in the value of our cheques and we hereby undertake to bear all consequences and/or liabilities arising from our instructions to the Bank to pay on cheques drawn on our account where such account is not sufficiently funded with the value of our cheque.
 4. We shall agree that in addition to any general lien or similar right which you may as bankers may be entitled to by law, you may at anytime and without notice to us combine or consolidate all or any of our account liability to you and set off or transfer any sum(s) standing to our credit in any one or more of such other respect, towards the satisfaction of any liability of the company whatsoever, whether such liability be actual or contingent, primary or collateral and several or joint.
 5. We undertake that we shall not release cash to or issue cheques in favour of any staff of the Bank, or transfer money into the account of any staff of the Bank. In event that we write such cheques or make such transfers, the Bank is hereby indemnified against all loss, claim, damage, action, liability or request for repayment which may arise therefrom.
 6. We acknowledge that the Bank consults with various bureaus and reference agencies and may be required to disclose the Company's information to these credit bureaus for the purpose of conducting checks on the Company. We hereby irrevocably and unconditionally grant our consent to the Bank and expressly authorizes such disclosure of any or all information on our account(s)/transaction(s) with the bank, to such credit bureau and reference agencies whether based locally or abroad, including information on our Directors and other personnel, transactions and conduct on the account together with details of any non-payments as the Bank may deem necessary. The consent herein given discharges the Bank from all liabilities, claims and damages for such disclosure made by the Bank to any credit bureau pursuant to the consent herein granted.

Corporate Internet Banking - GAPS

User Roles & Functions

Role Code	Users	Responsibilities
ADMIN	System Administrator	▪ Responsible for user management and activity audit
UPL	Uploader	▪ Initiates all transactions and file upload ▪ Review reports and account information
REV	Reviewer	▪ 1 st level review and authorization
APP	Approver	▪ Must be authorized signatories of the bank account. Structure may be sequential (A → B → C) or non-sequential (Any to sign, either to sign, two to sign, etc)
VIEW	Viewer	▪ Review end of day activities and reports

User Contact Information

Kindly provide the details for each user and select role below:

First/Last Name	Role Code	Approval Limit	E-mail Address	Mobile Number

Token Request

*Note: All users will require tokens to sign in to GAPS

Kindly take this as an authority to issue _____ units of tokens for our users.

Token(s) should be released to: _____
(A duly signed indemnity is required) (Name)

Mode of Identification: _____

To:
The Manager,
Guaranty Trust Bank SL Ltd

Dear Sir,

Name Of Company

I/We would wish to confirm that we have known the above-named Company and its Directors for

I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No. is:

--	--	--	--	--	--	--	--	--	--	--	--

And My/Our Phone No. is/are: _____

Yours faithfully,

Signature

Date:

--	--

--	--

--	--	--	--

Day Month Year

Name: _____

Address: _____

Please note:

1. Referees must be a current account holder either in GTBank or any other bank.
2. Referee's account must not be less than Six (6) months old.
3. Salary account holder(s) are not suitable referees.

"CAUTION"

IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

To:
The Manager,
Guaranty Trust Bank SL Ltd

Dear Sir,

Name Of Company

I/We would wish to confirm that we have known the above-named Company and its Directors for

I/We would like to comment about their suitability for maintaining a current account with yourselves as follows:

I/We maintain a current account with:

Name of Bank: _____

Address: _____

My/Our Account No. is:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

And My/Our Phone No. is/are: _____

Yours faithfully,

Signature

Date:

--	--

--	--

--	--	--	--

Day Month Year

Name: _____

Address: _____

Please note:

4. Referees must be a current account holder either in GTBank or any other bank.
5. Referee's account must not be less than Six (6) months old.
6. Salary account holder(s) are not suitable referees.

"CAUTION"

IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU

FOR BANK USE ONLY

Customer Segmentation

Customer Classification Code: Description: _____
Economic Sector Code: Description: _____
Type of Depositor Code: Description: _____

Risk Classification

**Is Entity significantly connected to high risk jurisdiction? Yes No
Anti-Money Laundering Risk Rating: Low Medium High
Documentation checked and originals sighted: Yes No

Authentication of Politically Exposed Persons

Is the customer a Politically Exposed Person? Yes No

If yes, please provide details: _____

Customer Address Verification Call Memo (If applicable)

Address Visited: _____

Comment on Location – Landmarks: _____
Location – Colour of building: _____
Location – Description of building: _____
Full Name of Visiting Staff: _____ Signature: _____ Date: _____

Certification

I hereby confirm that the information contained herein is correct and a true representation of the Customer's profile

Full Name of GH/RM: _____ Signature: _____ Date: _____

Deferral/Waiver of Documents (if any) authorized by

Full Name: _____ Signature: _____ Date: _____

Documents Required

	Checked	Deferred <small>(Please specify deferral period)</small>	Waived
1) Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
2) Specimen signature card duly completed	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
3) Copy of CAC Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
4) Copy of CAC Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
5) Board Resolution	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
6) Copy of Memorandum and Articles of Association (Certified as True copy by the Registrar of Companies)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
7) Particulars of Directors (certified as True copies of by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
8) Allotment of Shares (certified as True copies of by the Registrar of Companies and a certification by a Notary Public for Foreign Companies)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
9) One passport sized photograph of each Signatory to the account with name written on the reverse side	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
10) A copy of the latest Annual Returns to the Registrar (certified by a Notary public if incorporated abroad) or 12 months bank statements	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
11) Resident Permit or Work Permit (for Non-Sierra Leoneans)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
12) Power of Attorney (where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
13) Letter of Indemnity (where applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
14) Proof of Company Address	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
15) Business Premises visitation certificate	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
16) Proof of Identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (Int'l Passport, National Identity Card and National Driver's License)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
17) Proof of Address of all signatories and Directors/Officers whose name appear on the account opening form/document Utility bill (Certified true copy is acceptable if original is not held)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
18) Two(2) satisfactorily completed Reference forms	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
19) Search Report	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
20) Others (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

Account Opening Authorized

A/C Manager's Code:

Account Officer: Name: _____ Signature: _____ Date: _____

A/C Opened by: Name: _____ Signature: _____ Date: _____

CIS

Approved by: Name: _____ Signature: _____ Date: _____

OPERATIONS HEAD