

Account Closure Form (Tier 1)



Guaranty Trust Bank plc
RC 152321

Date:
Day Month Year

Account No:

Title: Surname: _____

Other Names: _____

Mobile Number:

BVN:

Reason for Account Closure:

Reason(s): _____

Account Holder's Signature _____

Account Holder's Signature _____

** Please note that upon account closure your debit card will cease to be active

For Official Use

CIS Officer: Name/Signature/Date _____

OPS Head/Relationship Manager: Name/Signature/Date _____

** Please tick boxes to indicate the current balance in customer's account.

Less than or equal to N300, 000 (Pay Open Draft)

Greater than N300, 000 (Pay Crossed Draft)