

# Card/PIN Release Form



Guaranty Trust Bank plc  
RC 152321

Date        
Day Month Year

Releasing Branch: \_\_\_\_\_

## Customer Details

Please tick required section as appropriate

Account Name : \_\_\_\_\_

Account No. :

Card Type :	MasterCard Dollar	<input type="checkbox"/>	PIN Type:	MasterCard Dollar	<input type="checkbox"/>
	Visa Card Dollar	<input type="checkbox"/>		Visa Card Dollar	<input type="checkbox"/>
	Naira MasterCard	<input type="checkbox"/>		Naira Master	<input type="checkbox"/>

## Proxy Details (For card collection only)

Please tick required section as appropriate

Please complete if you are picking on behalf of the account holder

Proxy Name : \_\_\_\_\_

Phone No. : \_\_\_\_\_

## Declaration:

I hereby confirm that I picked up Card and/or PIN (Personal Identification Number) with the account details above. I undertake absolute responsibility for safeguarding my card and PIN and relieve the bank from any liability arising from unauthorized access on my account except where it is proven that the fraud arose as a direct result of the Bank's gross negligence or misconduct.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Authorized Signatory

\*Please note that a fee of N1,000 will apply for your Naira Debit Card.

Customers are advised to request for the Customer Acknowledgment Slip

## For Official Use

CIS : \_\_\_\_\_ Signature/Date : \_\_\_\_\_  
Name

OPS Head/TSG : \_\_\_\_\_ Signature/Date : \_\_\_\_\_  
Name