

# Local Dispense Error Form



Guaranty Trust Bank plc  
RC 152321

\*Please note that all sections must be completed. Incomplete forms will not be treated.  
PLEASE COMPLETE THE FORM IN BLOCK / CAPITAL LETTERS

BVN:

\*Cardholder's Name: \_\_\_\_\_

Card No. (First six digits):  (last four digits):

Account No.:  House Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No.:

**Please tick the box which identifies the channel of transaction**

ATM       GTMobile       Smartcard No.: \_\_\_\_\_  
 POS       Quickteller       PNR/Ticket No.: \_\_\_\_\_  
 Web       PHCN Meter No.: \_\_\_\_\_  
 Others: \_\_\_\_\_  
 Cash not dispensed       Partial dispense       Goods / Service not received

**Below are the details of the affected transaction(s):**

| Transaction Date | Transaction Amount | Merchant Name / Bank Name | ***Bank Document No. (STAN) |
|------------------|--------------------|---------------------------|-----------------------------|
|                  |                    |                           |                             |
|                  |                    |                           |                             |
|                  |                    |                           |                             |
|                  |                    |                           |                             |
|                  |                    |                           |                             |
|                  |                    |                           |                             |
|                  |                    |                           |                             |
|                  |                    |                           |                             |
|                  |                    |                           |                             |

\*\*\*Bank Document Number is a 10 digit number available on your statement or confirm from the CIS Officer in the branch.

I \_\_\_\_\_ confirm that the information provided is accurate and I can be held liable for irregularities in the details supplied to the bank.

\_\_\_\_\_ Customer's Signature      \_\_\_\_\_ Date

## Official Use Only

Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Customer Information Update Acknowledgement Slip

Originating Branch: \_\_\_\_\_

CIS Officer's Name: \_\_\_\_\_ Staff ID No.:

Signature: \_\_\_\_\_ Date:  Day  Month  Year