

# Account Collectible Request Form



Guaranty Trust Bank plc  
RC 152321

Date          
Day Month Year

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

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

Mobile No. : \_\_\_\_\_ Pick-up Branch : \_\_\_\_\_

## Token Request

Request Type : New  Re-issue  Account to Debit :   
Please note that the applicable charge for token device will be debited to the above account

Reason for Re-issue : Lost  Stolen  Damaged

Mode of Pick-up : Self  Proxy  The customer should send the proxy with a duly signed letter of authorization.

## Cheque Book Request

Kindly take this as an authority to issue a new cheque book to me/us

No. of leaves :  Cheque Range :  Account to Debit :   
Please note that the applicable charge will be debited to the above account

## Card Replacement

Kindly select Option : Visa Card  Dollar MasterCard  Naira MasterCard

Reason for Replacement : Lost  Stolen  Damaged  Suspected Fraud  Card Retraction

Account to Debit :   
Please note that the applicable charge for card replacement will be debited to the above account

## Pin Issuance

Request Type : New  Re-issue

Kindly tick relevant option : Visa Card  Dollar MasterCard  Naira MasterCard  Internet Banking Passcode

Account to Debit :   
Please note that the applicable charge for dollar PIN re-issue will be debited to the above account

Expiry Date on Card:    Last Four Digits on Card:   
Month Year

## Caution

- 1) Cheque books/cards must be kept secured at all times. Loss of cheques/cards should be reported to the bank promptly.
- 2) PINs, passwords, token and answer to secret question must not be released to any third party.
- 3) The bank will not be held liable for loss arising from improper cheque/card handling and/or compromise of personal information.

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

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

## For Official Use

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

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

Approved By (Tech Audit) : \_\_\_\_\_  
Name/Signature/Date