

Foreign Funds Transfer Request Form



Guaranty Trust Bank plc
RC 152321

Day		Month		Year			

Name of Ordering Customer: _____

Address: _____

kindly effect transfer of the following on my/our behalf

Amount: _____ (In Words) _____
(Please specify currency)

Name of Beneficiary: _____

Beneficiary's Bank: _____

Beneficiary's Bank Address: _____

Beneficiary's Account No: _____

BIC/ROUTING NO: _____

IBAN No/BIC (**Mandatory** for EURO transfers): _____

Sort Code (**Mandatory** for POUND transfers): _____

Intermediary Bank (If any): _____

Purpose of Payment: _____

Please Debit My/Our (Dom. A/C) Account No.:

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 For Principal and Commission

My/Our(Naira A/C) Account No.:

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 For Telex Charges

Take Offshore Charge Yes No Debit My Account No.:

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Customer's e-mail Address: _____ Phone No: _____

Customer's Signature: _____

Customer's Signature: _____

Official Use

ACCOUNT OFFICER: Name: _____

Source of funds: Cash Inflow Others: _____

E-mail Address: _____ Signature: _____

TSG: Originating Branch: _____

FT Officer: Name: _____

Signature/Date

Customer's Balance