

# E-FORM M DATA FORM



Guaranty Trust Bank plc  
RC 152321

Applicant's Name: \_\_\_\_\_

Applicant's Account No.:

Tax Identification No.:

Proforma Invoice No.: \_\_\_\_\_ Proforma Invoice Date:  Day  Month  Year

Mode of Payment : Letter of Credit  Bills for Collection  Not Valid for FX   
(Please tick as appropriate)

Invoice Value: \_\_\_\_\_

General Description of Goods: \_\_\_\_\_  
\_\_\_\_\_

HS Code: \_\_\_\_\_  
(Please state for all item(s))

Beneficiary's Name: \_\_\_\_\_

Beneficiary's E-mail (Mandatory): \_\_\_\_\_

If Form M has been initiated, state the Form M No.: \_\_\_\_\_

Note: An excel schedule of proforma invoice is required for multiple line items

Authorized Signatory

Day  Month  Year

Authorized Signatory

Day  Month  Year