GTBANK LOCAL DISPENSE ERROR FORM

GTBank

Guaranty Trust Bank plc

*Please note that all sections must be completed. Incomplete form will be rejected.

PLEASE COMPLETE THE FORM IN BLOCK/CAPITAL LETTERS

*CARDHOLDER'S NAME: OSAHON GODWIN ODUWARE

* CARD NUMBER (First six digits): 5 3 9 9 8 3 (last four digits): 7 7 3 3

* ACCOUNT NUMBER: 0001907547 * HOUSE ADDRESS: 7 AKUGBE STREET, OFF DUMEZ ROAD, BENIN CITY, EDO STATE, NIGERIA.

* EMAIL ADDRESS: victoryaceta@yahoo.com * MOBILE NUMBER: 07060408906

Please tick the box which identifies the channel of transaction

ATM	☐	GTMOBILE	☐	Smartcard number:	
POS	☐	QUICKTELLER	☐	PNR/Ticket number:	
WEB	☑			PHCN Meter number:	
				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 Number (STAN)
04/12/2015	₦500.00	CAC Nigeria	999981781 8
04/12/2015	₦500.00	CAC Nigeria	999981807 9

*** 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 above is genuine and can be held responsible for any irregularities in the information provide to the bank.

[1]Cardholder's Signature: _____ Date: 6/12/2015

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OFFICIAL USE ONLY:

Officer Name: _____ Signature & Stamp: _____