

SKS ACCOUNT OPENING FORM

(Smart Kids Save)



Guaranty Trust Bank (Liberia) Limited

Name of Smart Kid:		
Residential Address:		
Mailing Address:		
Date of Birth: (Smart Kid) DD/ MM/ YY/	Local Govt. Area:	Nationality:
Name of Smart Kid's School:		
E-mail:	School Address:	
Name of Parent/Guardian/Sponsor:		
Nature of Relationship: (For non biological parent, please give details)		
Tel: (Home)	Mobile:	E-mail:
Mother's Maiden Name:		

DIRECT DEBIT MANDATE: (For periodic credit into the SKS Account)
I/We hereby authorise you to debit my/our Guaranty Trust Bank account stated below:)

Account Name:		
Account No:	<input type="text"/>	<input type="text"/>
With the sum of:	<input type="text"/>	Commencement date of debit: <input type="text"/> <input type="text"/> <input type="text"/>
Frequency of Debit:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
	Quarterly <input type="checkbox"/>	Half-yearly <input type="checkbox"/>
	Annually <input type="checkbox"/>	Others <input type="text"/>

Please sign in blank ink within the box

SIGNATURE: (For mandate purposes)

USUAL SIGNATURE

PASSPORT PHOTOGRAPH

2ND PARENT / SPONSOR: (For joint account purposes)

NAME

SIGNATURE: (For mandate purposes)

USUAL SIGNATURE

PASSPORT PHOTOGRAPH

AUTHORISED COMBINATION: (For Joint Account Holders)

DECLARATION:

I hereby apply for the opening of account(s) with Guaranty Trust Bank. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and therefore warrant that such information is correct. I have read the terms and conditions governing the operations of the account(s) which are presented overleaf and agree to be bound by them.

Signature

Day Month Year