

Application For the Use of Remita Platform

Please note that this is a Customer Registration RRR and NOT a Payment RRR. Kindly verify the account and activate.

Remita Retrieval Reference (RRR)

1204-4822-8840

A - Personal Details

Name	Kondi Shiva
Phone Number	+2348064951255
Email	kondishiva007@gmail.com
Contact Address	

B - Please indicate below, the details of your Account held with GUARANTY TRUST BANK PLC

Bank Branch	Account	Daily Transaction Limit
HQ	0110810617	200,000.00

C - The following represents extracts from the Remita Terms and Conditions as contained on www.remita.net If you have not done so, it is advised that you take time to review the full document.

By using Remita Services we agree:

- That payment instructions to GTB by cheques, or any channel other than Remita, will continue to be subjected to all our current mandate instructions and confirmation rules.
- To ensure appropriate signatories are setup on Remita to approve remittance instructions in accordance with our internal approval rules, we understand that these approval rules will be applied to all our remittance instructions. These instructions will not be subjected to additional telephone,e-mail or any other manual confirmation by the bank before
- To keep confidential all Remita security related information such as passwords, Access Codes and Personal Identification Numbers (PIN). We understand that SystemSpecs, GTB their affiliates and service providers will never request us to divulge any of these pieces of information by phone, mail or any other means. We oblige to report any representation to
- Except when caused by SystemSpecs’ or GTB misconduct or gross negligence, to make best effort to protect SystemSpecs, GTB their affiliates and service providers from any/and all claims liability, damages, expenses and costs caused by or arising from use of the service.

D - I, the undersigned agree to use Remita service in accordance with Remita terms and conditions of service.

Authorised Signatory to the Account

Signature	
Name	
Date	

Please submit this form to your Bank branch

FOR BANK USE ONLY



**FOR BANK USE ONLY:**

***This form should be collected from the account holder and scanned to  
[epaysupport@gtbank.com](mailto:epaysupport@gtbank.com)***

**Signature Verification:** \_\_\_\_\_ **Treated by:** \_\_\_\_\_  
SV Stamp CIS Name & Signature