



BALANCE TRANSFER (BT) FORM

Application Date	D	D	M	M	Y	Y														
GIB Credit Card No.																				
Cardholder Name																				
Balance Transfer Amount (in Figure)																				
Balance Transfer Amount (in Word)																				
<input type="checkbox"/> Balance Transfer to GIB Account																				
Account Title																				
Account No.																				
Registered Mobile No.																				
<input type="checkbox"/> Balance Transfer to Other Bank Account																				
Bank Name											Branch Name:									
Account Title																				
Account No.																				
Registered Mobile No.																				

Cardholder Signature

Signature Verified

Operations Manager/Manager

CARD DIVISION USE ONLY

Ticket Number						
Processing Date	D	D	M	M	Y	Y

Inputter Signature & Date

Authorizer Signature & Date

HOC/Deputy HOC Signature