

GENERAL ACCOUNT AUTHORIZATION

GAA - Form

Complete the form below
*Printed/scanned filled with blue ink



GRANT CAPITAL BANK

Because wealth needs personal attention

MORE INFORMATION

Viktualienmarkt 63, 80331 München,
Germany
+49 163 6584887
www.grantcapitalbank.com

FORM FOR ACCOUNT AUTHORIZATION BUSINESS/PERSONAL GRANT CAPITAL BANK

Banking Information

Account Holder Full Name:
(PLEASE USE CAPITAL)

Address: _____

TO WHOME IT MAY CONCERN

I / We, are desirous of obtaining financial debentures and assistance in providing liquid facilities. You are hereby authorized to manage them for us, with permission to place it with a third party (financial institution or brokerage house), and give any information for processing of a program or credit request. Necessary information may include past or present employment data, savings deposits, checking accounts, consumer credits and rental assignees any information required to allow it to conduct its audit and verify all legal documents. This information is for the confidential use of Grant Capital Bank. An electronic copy of this form may be deemed as acceptable authorization for release of any of the above mentioned documentation request. The original form is maintained by the Applicant.

Primary Details of Account Holder

Passport No : _____
Passport Issue : _____
Passport Expiry : _____
Full Name : _____
Nationality : _____

Customer Signature