



CENTRAL BANK OF THE GAMBIA

NAME: -----
ADDRESS: -----
TELEPHONE: -----
DATE: -----

The First Deputy Governor
Central Bank of The Gambia
1-2 Ecowas Avenue, Banjul

Dear Sir

APPLICATION FOR OVERNIGHT LENDING FACILITY

We wish to borrow funds through the overnight lending facility of the Central Bank as detailed below:

Facility details:

Start Date: -----
Maturity Date: -----
Tenure (Days): -----
Amount D: -----
Interest rate: Monetary Policy Rate (MPR) plus 1%

Collateral: (Security Detail):

Security 1: Issue Date -----Mat. Date-----Amount D-----
Security 2: Issue Date -----Mat. Date-----Amount D-----
Security 3: Issue Date -----Mat. Date-----Amount D-----

Payment and settlement information: Current account

Authorized Signatory & Official Stamp:

Signature A: ----- Signature B: -----

Name & Designation: ----- Name & Designation: -----