



CENTRAL BANK OF THE GAMBIA

APPLICATION FOR OVERNIGHT DEPOSIT FACILITY

BANK DETAILS:

Bank Name: -----

Address: -----

Telephone: -----

Date: -----

DEPOSIT PLACEMENT DETAILS:

Start Date: -----

Maturity Date: -----

Tenure (Days): -----Automatic rollover

Amount GMD (words): -----

Amount GMD (figures): -----

Interest rate: -----

PAYMENT AND SETTLEMENT: CURRENT ACCOUNT

AUTHORIZATION:

Signatures: -----

Signatures: -----

Name: -----

Name: -----

OFFICIAL STAMP: