



CENTRAL BANK OF THE GAMBIA

**APPLICATION FOR OVERNIGHT CREDIT FACILITY**

**BANK DETAILS:**

Bank Name: -----

Address: -----

Telephone: -----

Date: -----

**FACILITY DETAILS:**

Start Date: -----

Maturity Date: -----

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

Amount GMD (words): -----

Amount GMD (figures): -----

Interest rate: Monetary Policy Rate (MPR + 1 %)

**COLLATERAL (SECURITY) DETAILS:**

Security code	Issue Date	Maturity Date	Amount (Discounted value)

**PAYMENT AND SETTLEMENT: CURRENT ACCOUNT**

**AUTHORIZATION:**

Signatures: -----

Signatures: -----

Name: -----

Name: -----

**OFFICIAL STAMP:**