



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 DEPOSIT FACILITY

I/we wish to place funds in the overnight deposit facility with the Central Bank as detailed below:

Deposit/placement details:

Start Date: -----
Maturity Date: -----
Tenure (Days):-----
Amount D: -----
Interest rate: -----

Payment and settlement information:

- Current account
- Others (specify)

Authorization:

Signatures: -----

Name : -----

Signatures: -----

Name: -----