

FOREIGN EXCHANGE APPLICATION FORM FOR PERSONAL TRAVEL ALLOWANCE (PTA)/BUSINESS TRAVEL ALLOWANCE (BTA) & FIRST TRAVEL CARD

CONFIDENTIAL

	CONFIDENTIAL D D M M Y Y Y Y
Branch:	Date:
Applicant's Name:	
Beneficiary's Name:	
Applicant Account No:	
Applicant's Phone No:	
Applicant's Address:	
Purpose of Foreign Exchange:	
Name of Airline:	
Passport Number:	Ticket Number:
Amount required:	Currency: S € £ Other:
Naira equivalent:	
I/We authorise that my/our abov	ve stated account be debited with the Naira equivalent amount.
Exchange Rate:	Commission Rate:
Has the beneficiary obtained PTA/BTA this quarter?	Yes No
If Yes, please also indicate; Date of Previous Trip:	Amount of Forex obtained:
FOR FIRST TRAVEL CARD ONLY	(TERMS AND CONDITIONS APPLY)
Do you want your PTA/BTA loade	ed on First Travel Card? Yes No
First Travel Card Account No:	Amount to load:
Amount in words:	
Applicant's Signature:	
FOR BANK USE ONLY	
Documents Sighted & Endorsed By:	
Staff Number:	Amount Approved:
Signature & Official stamp	Date:
	nal passport and ticket are properly endorsed by the authorised dealer before PTA/BTA is issued to the customer. ndorsed International passport and Air tickets to the application form.