CENTRAL BANK OF THE GAMBIA

 NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Director,

Banking & Payment System Dept.

Central Bank of The Gambia

1-2 Ecowas Avenue

Banjul

Dear Sir,

 ***REDISCOUNT OF T REASURY & SAS BILLS***

We wish to rediscount our Treasury / SAS bill detailed below: -

Issue Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maturity Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to rediscount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dalasi)

Thank you for your cooperation.

Yours Faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Name/Stamp