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