



ACCOUNT REACTIVATION / UPDATE FORM

Date: _____

I/We hereby apply for reactivation of my/our account with your bank which has been dormant for some time. The particulars are set as follows:

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

DOMICILED BRANCH: _____

NATURE OF BUSINES: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

REASON FOR ACCOUNT DORMANCY: _____

I/We intend to resume normal operation on the account forthwith in accordance with the terms and conditions contained in the account opening documents already submitted to your bank.

Kindly approve my/our application for reactivation.

Yours faithfully.

AUTHORISED SIGNATORY

AUTHORISED SIGNATORY

FOR OFFICIAL USE ONLY

Treated by _____

Approval _____

Staff Id _____

Staff id _____

Signature&Date _____

Signature&Date _____