DORMANT ACCOUNT REACTIVATION FORM

WEMA BANK
RC 575

ACCOUNT DETAILS

Date D D / M M / Y Y Y Y

Customer's Name _____
Surname/First Name/Middle Name

Account No. _____ BVN _____

Reason for Account Dormancy: Distance ☐ Out of Town ☐ Dissatisfaction ☐ Others _____

Please indicate other related account(s) that you wish to reactivate (if any):

Account No. 1 _____ Account No. 2 _____

CUSTOMER INFORMATION UPDATE

Residential Address _____

Nearest Bus Stop/Landmark _____ City/Town _____

Local Govt. Area _____ State _____

Mobile 1 _____ Mobile 2 _____

Office Tel: _____ Home Tel: _____

E-mail Address _____

Employer's Name _____

Office Address _____

Mother's Maiden Name _____

Means of Identification: Int'l Passport ☐ National ID ☐ Driver's Licence ☐ Voter's ID ☐ Others _____

Issue Date D D / M M / Y Y Y Y Expiry Date D D / M M / Y Y Y Y ID No. _____

My account(s) has/have been inactive for one year or more. I wish to resume normal business transactions through my account(s) with you and hereby authorise you to reactivate my account(s). I understand that I am required to effect either a deposit or withdrawal as part of the account reactivation process. I will provide requisite documents to complete the reactivation process. I also confirm that the above information is correct.

Authorised Signatory _____ Authorised Signatory _____

FOR OFFICIAL USE ONLY

Account Status

Last Transaction D D / M M / Y Y Y Y

Please tick as applicable.

☐ Account opening package reviewed and expired documents validated/updated

☐ Customer information updated on CBA

☐ Know Your Customer (KYC) administered

☐ Address verification conducted (where there is a change of customer's address)

Treated by _____ Authorised by _____

Signature & Date _____ Signature & Date _____