



# DORMANT ACCOUNT REACTIVATION FORM

## ACCOUNT DETAILS

Date  /  /

Customer's Name \_\_\_\_\_  
Surname/First Name/Middle Name

Account No.

BNV

Reason for Account Dormancy: Proximity  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  /  /  Expiry Date  /  /  ID No. \_\_\_\_\_

## DETAILS OF NEXT OF KIN

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Surname/First Name/Middle Name

Tel/Mobile \_\_\_\_\_ E-mail \_\_\_\_\_ Contact Address \_\_\_\_\_

## AUTHORITY TO REACTIVATE

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  /  /

**Please tick as applicable.**

Account opening package reviewed and expired documents validated/updated

Customer information updated on CBA

Treated by \_\_\_\_\_

Signature & Date \_\_\_\_\_

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

Know Your Customer (KYC) administered

Authorised by \_\_\_\_\_

Signature & Date \_\_\_\_\_