



DORMANT ACCOUNT REACTIVATION FORM

ACCOUNT DETAILS

Date / /

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

Account No.

BVN

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 _____

Nature of Business/Occupation _____

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 _____

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Account Status

Last Transaction / /

Please tick as applicable.

Account opening package reviewed and expired documents validated/updated

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

Customer information updated on CBA

Know Your Customer (KYC) administered

Treated by _____

Authorised by _____

Signature & Date _____

Signature & Date _____