

# Account Reactivation Form

Date: 

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M	M
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Y	Y	Y	Y
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Kindly complete this form to enable us serve you better.

Account Number

## CUSTOMER DETAILS

Account Name

Current Contact Address (Not P.O.Box)

State of Residence

Phone Number

E-mail Address

## REASON FOR DORMANCY

☐ Proximity to our branch ☐ Dissatisfied with our services ☐ Out of town

☐ Dissatisfied with our charges ☐ Dissatisfied with our relationship management

☐ Others (please specify)

My account has been in-active for over six months. I wish to resume transactions of business through my account with you. Kindly therefore re-activate my account.

Thank you.

Dear Customer, please update if there is a change in your

## New Details

E-mail Address

Residential Address

State of Residence

Phone Number

Authorised Signatory

Authorised Signatory

## Old Details

E-mail Address

Residential Address

State of Residence

Phone Number

Authorised Signatory

Authorised Signatory

## FOR OFFICIAL USE ONLY

Onboarding Officer  
Name/ Date/ Signature

Head of Operations  
Name/ Date/ Signature