



DORMANT ACCOUNT REACTIVATION FORM
(PLEASE FILL IN DETAILS IN CAPITAL LETTERS)

Branch: _____ Date: _____

APPLICANT & ACCOUNT DETAILS

Customer Name: _____

Account Name: _____

Account Type: _____ Account Number: _____

Date of Opening: _____ Telephone Number: _____

Reason For Dormancy: _____

Customer Signature (s): (1) _____ (2) _____ (3) _____

FOR OFFICIAL USE ONLY: PLEASE FILL AND TICK APPROPRIATELY

Reason for reactivation: _____

KYC/CDD Verification:

Account Type	Screening	Photo	ID/Passport	PIN	Physical Address Verification	Customer Profile (Who, Where, What)	Others	Exceptions (If any, Indicate by GM/CE)
Personal Account								

Account Type	Certification of Registration/ Incorporation/ Partnership Deed/MOA	Board Resolution	PIN	Annual Returns	Co. Sec/ Registrar Letter	Others	Exceptions (If any, Indicate by GM/CE)
Corporate Account							

Details Verified By: _____ Signature: _____

Account Reactivation Recommended By (*Manager*): _____ Signature: _____

COMMENTS (Chief Executive)
