



Dormant Account Reactivation Form

CIF Number
CIF Number

Customer Information

Account Title

Account Number

Details of Account Authorised Signatories

First Name

Last Name

Middle Initial(s)

Date of Birth (DD/MM/YYYY):

ID Type

ID Number

Customer Signature:

Date (DD/MM/YYYY):

First Name

Last Name

Middle Initial(s)

Date of Birth (DD/MM/YYYY):

ID Type

ID Number

Customer Signature:

Date (DD/MM/YYYY):

For Bank Use Only

Confirm Documentation and Customer Details

KYC updated: Yes No If no, explain: _____

CIF

Current ID

Proof of Address Other Active Accounts: Yes No

Closing Account: Yes No

Account Reactivation Balance at Reactivation \$ _____

Specifics of Financial Transaction Deposit \$ _____ Withdrawal \$ _____

Status changed from Dormant to Active

Print Name

Signature of Bank Representative Performing Reactivation

Date (DD/MM/YYYY):



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CIF Number
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KYC acceptable Yes No If no, explain: _____

Verification of Reactivation _____

Print Name

Signature of Senior Relevant Employee

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Date (DD/MM/YYYY)

Banking Ops Checks

Update CRM No CRM updates required

Update Core No Core updates required

Completed By

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Date (DD/MM/YYYY)

Verified By

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Date (DD/MM/YYYY)

Banking Ops Reference Number

Dormancy Balance

Reactivation Balance

Confirm no Transactions Transactions Found

Confirm Documents Complete

Confirmed by: _____
Supervisor, Banking Operations

Manager, Banking Operations

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Date (DD/MM/YYYY)