

Dormant Account Reactivation Form					
Date Account No.					
Customer Name					
Surname Middle Name Current Contact Address (Not P. O. Box)	First Name				
Phone: Office:					
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 transaction 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					
Email Address:					
Residential Address: Telephone No.					
Authorised Signatory Authorised Signatory					
FOR OFFICE USE ONLY					
Treated By (CCO):	Signature & Date:				
Authorised By (BSH):	Signature & Date:				
Customer Risk Assessment Form and KYC Form Completed b	ру				
Account Officer	R/M				



Customer Compliance Form

Surname	Middle Name	First Name	First Name	
Mother's Maiden Name	Sex Male Fen	Date of Birth		
Residential Address				
Postal Address				
Phone (Home) Office	ce	Mobile		
E-mail Address	Nationality	Nationality		
Occupation	Employer's Name			
Employer's Address				
National I.D. Card In Identification No. FOR FOREIGNERS ONLY	Place of Issuance	ver's License Expire	Proxy Date	
Date of Arrival Date of Departure	Visa Number	Visa Valid From	Visa Valid Till	
Passport Number Passport E	xpiry Date Passport Is:	sue Date R	esident Permit Number	
CERTIFICATION: I certify that the above particulars are true and	i correct.			
Customer's Signature & Date	I			
BANK OFFICIAL				
Name	Signature		Date	