## **Dormant Account Reactivation Form**



Account no.:  Date:  Day Month Year
Account name: (please specify title)
Reason for dormancy: Proximity: Out of town: Dissatisfaction with services: Others:
Customer Information Update
Residential address:
Telephone no.:  Mobile: Office: Home:
Email address:
Employer name:
Office address:
Mother's maiden name:
Authorised Signatory Authorised Signatory
FOR OFFICIAL USE ONLY  Last Transaction Date:
Account status: Closed Dormant Deleted CIS action step:
Account re-opened Request forwarded to TSU Head (To grant manager approval for deposit/withdrawal)
Customer information updated on Basis
Treated by Signature and Date:
Approval Signature and Date: