

Dormant Account Reactivation Form



Guaranty Trust Bank (Ghana) Ltd

Account no.:

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Date:

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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: _____

My account has been inactive for over six months. I wish to resume transaction of business through my account with you. Kindly therefore re-activate my account. I understand that I am required to effect either a deposit or a withdrawal as part of the account re-activation process. I also confirm that the above information is correct.

Thank you.

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: _____