

Account Reactivation Form



The form should be completed in CAPITAL LETTERS.

Account Number	<input type="text"/>	Branch	<input type="text"/>
Account Name	<input type="text"/>		
	<i>(Surname first, if individual) or (Registered name if Sole-Proprietorship)</i>		
Bank Verification Number (BVN)	<input type="text"/>	Phone Number	<input type="text"/>
E-mail Address	<input type="text"/>		
Address <i>(Not P. O. Box)</i>	<input type="text"/>		
	<i>(Residential Address, if individual) or (Registered Address if Sole-Proprietorship)</i>		
Next of Kin	<input type="text"/>	Next of Kin Phone No.	<input type="text"/>
Next of Kin's E-mail Address	<input type="text"/>		
Next of Kin's Address <i>(Not P. O. Box)</i>	<input type="text"/>		
Customer's Signature <i>(according to Mandate)</i> and Date	<input type="text"/>		

For official Use Only

Documentation Provided

Outstanding Documents	Documents Provided
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Details Of Restriction On The Account If Any

Customer's Address On Account Opening Package

Location Verification Report *(where address stated above by customer differs from address on account package)*

Visit Carried Out By Date & Time of Visit

Visitation Checklist *(Please tick as appropriate)*

Address exist and Customer is known at the address Address does not exist

Address exist but customer is not known at the address

Description of Residence/Business Premises/Office

Remark

Signature & Date

Date of Reactivation

CEMP
(Name, Sign. & Date)

Service Manager
(Name, Sign. & Date)

Branch Manager
(Name, Sign. & Date)