



Account Reactivation Form



The form should be completed in CAPITAL LETTERS

Date Branch

Documents Required
Valid ID
Utility Bill
Affidavit confirming customer's Instruction

Customer's Details

Account Number Mobile Number

Account Name

(Surname first, if Individual) or (Registered name, if Corporate)

BVN NIN

Email

Residential Address

(Residential address, if Individual) or (Business address, if Corporate)

Next of Kin Details- UPDATE (Ignore if previously provided)

Name Relationship

Mobile Number Email

Residential Address

Customer's Signature

Beneficial Owner

Name Relationship

Mobile Number Email

Residential Address

Signature Date

For Official Use Only (Not to be filled by the Customer)

Documentation Provided During Account Opening

Outstanding Documents	Documents Provided
<input type="text"/>	<input type="text"/>

Details of Restriction on the account if any

Customer's address on Account Opening Package



Account Reactivation Form



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

Visit carried out by Date & Time

Visitation Checklist (Please tick as appropriate)

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

Address exists but customer is not known at the address

Description of residence/ Business premises/ office

For Official Use Only (Not to be filled by the Customer)

Checklist required for account reactivation	(Please indicate/ tick where applicable)
Branch Code & Name of Processing Branch	
Name & DAO Code of RM	
In-person visit to the Branch	
BVN thumb-print validation	
Confirmation of account mandate	
Valid ID	
Utility Bill	
Affidavit presented by Customer	

Role	Name	Date	Signature
CEMP/ Delight Officer/ Service Associate		DD / MM / YEAR	
Outlet Operations Officer/ Service Manager/ Branch Manager/ Outlet Supervisor		DD / MM / YEAR	