



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/e-Affidavit presented by the 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	