

# 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"/>		
	<small>(Surname first, if individual) or (Registered name if Sole-Proprietorship)</small>		
Bank Verification Number (BVN)	<input type="text"/>	Phone Number	<input type="text"/>
E-mail Address	<input type="text"/>		
Address <small>(Not P. O. Box)</small>	<input type="text"/>		
	<small>(Residential Address, if individual) or (Registered Address if Sole-Proprietorship)</small>		
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 <small>(Not P. O. Box)</small>	<input type="text"/>		
Customer's Signature <small>(according to Mandate) and Date</small>	<input type="text"/>		

## For official Use Only

### Documentation Provided

Outstanding Documents	Documents Provided
-----------------------	--------------------

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)