

Account Reactivation Form



I/We hereby apply for reactivation of my/our account(s) with your Bank, which has been dormant for a while. The particulars are as follows:

Bank Verification Number (BVN)

Date:

Account Branch: _____

Account Name: _____

Account Number(s): _____

Residential Address: _____

Mobile Number:

ID type: International Passport ☐ National ID ☐ Voter's Card ☐ Driver's License ☐

ID Number:

Reason for account dormancy: Proximity ☐ Out of Town ☐ Dissatisfaction ☐ Others

I/We intend to resume normal operations of my/our account(s) forthwith and hereby authorize the account reactivation by PremiumTrust Bank. I/We confirm that The above information is correct and also agree my/out above account (s) shall be subjected to the terms and conditions applicable by the Bank to such account as May be amended from time to time.

Authorized Signatory

Authorized Signatory

For Bank Use Only

Account Balance:

Documentation Status: Complete Documents ☐ Incomplete Documents ☐ Deferral in place ☐

Outstanding documents: _____

Reactivation approved by: _____

Relationship Manager's Name, Signature and Date

Checked By: _____

CSO's name, signature and Date

Authorized By: _____

BSM's name, signature and date