



NOTE: Please fill-in this form in "BLOCK" letters and sign at all required places. * Indicates mandatory field

Date*

Branch*

Code

Name

Customer ID

Account Details

Account Name *

Account Number *

Reason of inactivity *

Travelling / Out of country

Account maintained for Savings/Investment Purposes

Other (please specify)

I/We hereby request to activate the aforementioned account / all my accounts under the above mentioned Customer ID, which has/have become inactive due to the reason(s) mentioned above. I/We, the undersigned, hereby declare to have read and unconditionally agree to HBL's Terms and Conditions.

Primary Accountholder Name	Signature	Signature Verification (Bank Staff)	Company Stamp (For Business Accountholders)
Joint Accountholder Name	Signature	Signature Verification (Bank Staff)	
Joint Accountholder Name	Signature	Signature Verification (Bank Staff)	
Joint Accountholder Name	Signature	Signature Verification (Bank Staff)	

For Bank Use only

Checklist (By CSO/Relationship Manager)	Description / Document Name / Additional Form Name	Original Seen & Stamped
<input type="checkbox"/>	Emirates ID (For Resident Accountholders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Passport & Entry Stamp (For Non-Resident Accountholders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Trade License (For Business Banking Accountholders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Accountholder Information Update Form (If information is outdated)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	FATCA Form - for Personal Banking Accountholders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	FATCA Form - for Business Banking Accountholders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>	Customer has visited in-person and is interviewed by the CSO / RM	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Request verification (By CSO/Relationship Manager)	<input type="checkbox"/> Form is filled completely and signed	<input type="checkbox"/> All documents listed above are obtained as applicable
	<input type="checkbox"/> Request received via Courier	<input type="checkbox"/> All additional documents required are obtained
Account Activation (By Centralized Operations)	<input type="checkbox"/> Signature(s) Verified	<input type="checkbox"/> Account Activated and AOF placed in the active folder
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

CSO/Relationship Manager	Name	Signature	Date
Application Processed by			
Application Supervised by			