

**DORMANT ACCOUNT REACTIVATION FORM****Branch:** _____**Date:** _____**SECTION A - CUSTOMER DETAILS****Full Name:** _____**Account Number:** **8767834687463786****Contact Information:** **Phone Number:** **0536799590** **Email:** _____**Identification Details:** **Ghana Card Number:** _____ **GPS Address:** _____**Residential Address / Landmark:** _____**Occupation / Employer:** _____**Source of Income:** _____**SECTION B - GHANA CARD (ONLINE SUBMISSION VIA REACTIVATION PORTAL)****Front Image****Back Image****Selfie with Ghana Card****SECTION C - NEXT-OF-KIN DETAILS****Full Name:** _____**Contact Information:** **Phone Number:** _____ **Email:** _____**Relationship & Address:** **Relationship:** _____ **GPS Address:** _____

SECTION D – CUSTOMER DECLARATION

I, the undersigned customer, hereby declare that the information provided on this form and through the online submission is true, correct and complete. I request that my dormant account be reactivated and agree to abide by the Bank's terms and conditions, including all applicable KYC, AML/CFT and risk management policies.

Customer's Signature / Thumbprint

Customer's Name (Block Letters)

Date

OFFICIAL USE ONLY

Please ensure all mandatory KYC fields are completed before approving reactivation. Attach any additional risk assessment notes or supporting documents to this form as required.

PEP Status: ☐ Yes ☐ No

Last Transaction Date: _____

Reactivation Deposit Amount: _____

Any Additional Risk-Related Details: _____

Activated by (Name)

Branch Head (Name)

Signature

Signature / Stamp