



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

BAWJ