



# BAWJIASE AREA RURAL BANK PLC.

Dormant Account Reactivation Form

Form ID: BARB-DAR-0000

Form Generated: 2025-12-03 09:20:28

Source: Online Reactivation Portal

Reference: 20202020202020

## DORMANT ACCOUNT REACTIVATION FORM

Branch: \_\_\_\_\_

Date: \_\_\_\_\_

### SECTION A - CUSTOMER DETAILS

Full Name: Deborah Awuah Otoo

Account Number: 202020202020

Contact Information: Phone Number: 0536799490 Email: \_\_\_\_\_

Identification Details: Ghana Card Number: \_\_\_\_\_ GPS Address: \_\_\_\_\_

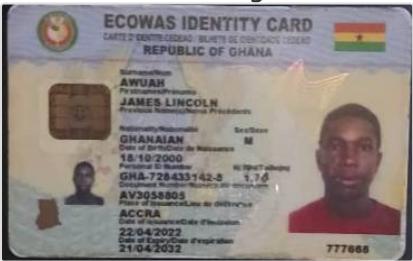
Residential Address / Landmark: \_\_\_\_\_

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 \_\_\_\_\_