



FirstBank
Since 1894

Dormant Account Reactivation Form

Date: 07 05 2013

Section A: Customer Information Update

Account Name: N9021 AJOIKUR1

Account Number 1: 2001365571 Branch: Airport Bus/stop Ikeja

Account Number 2: 3003037215 Branch: Airport Bus/stop Ikeja

Email Address: healingfewor@gmail.com

Phone Numbers: 202 423 3323

Permanent Home Address: 1330 7th Street NW,
Washington DC 20001.

Employer Name: Immaculate Health Care Services

Amount Deposited: _____

Reason for Account Dormancy: ☐ Proximity ☒ Out of Town ☐ Dissatisfaction with Services ☐ Others

Section B: I/We hereby authorize First Bank of Nigeria Plc to reactivate this account (s) which has been inactive.

I/We also confirm that the above information is correct.

[Signature]
Authorized Signatory

[Signature]
Authorized Signatory

Section C: This portion is to be completed by the customer upon successful reactivation of account (s) / lodgment of funds into the account(s).

Authorized Signatory

Authorized Signatory

Section D: For Official Use Only

Customer information updated by:

CSO: _____
Name

Signature and Date

HCFD: _____
Name

Signature and Date