

Dormant Account Reactivation Form



Guaranty Trust Bank plc
RC 152321

Date
Day Month Year

Account No.

Customer Name: _____

Reason For Dormancy: Proximity: Out of Town: Dissatisfaction with services: Others:

CUSTOMER INFORMATION UPDATE

Residential Address: _____

Tel. No: Mobile _____ Office _____ Home _____

Email Address: _____

Employer Name: _____

Office Address: _____

Mother's Maiden Name: _____

My account has been inactive for over six months. I wish to resume transaction of business through my account with you. Kindly therefore re-activate my account. I understand that I am required to effect either a deposit or a withdrawal as part of the account re-activation process. I also confirm that the above information is correct. Please select the preferred e-banking products/services :

Internet Banking E-mail Statement Naira Debit Card Dollar Debit Card SMS Alert (Charges apply) E-mail Alert

Authorised Signatory

Authorised Signatory

Customers are advised to request for the Customer Acknowledgment Slip

FOR OFFICIAL USE ONLY

Last Transaction Date _____ Transaction Amount : _____ Transaction Type :

Account Status Closed Dormant Deleted

CIS Action Step: Account re-opened Customer information updated on Basis

Account Officer:
(Name/Staff ID No.)

Signature and Date:

For accounts more than one (1) year, please confirm that customer has provided the following :

Valid means of Identification Recent utility bill Recent passport photograph

CIS Officer:
(Name/Staff ID No.)

Signature and Date:

Ops Head:
(Name/Staff ID No.)

Signature and Date: