# Dormant Account Reactivation Form

GTBank
Guaranty Trust Bank plc
RC 152321

Account no.: ☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐☐ Date: ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Account name: ☐ (please specify title) ______________________

______________________

Reason for dormancy: Proximity: ☐ Out of town: ☐ Dissatisfaction with services: ☐ Others: ☐

## Customer Information Update

Residential address: ______________________

Telephone 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.

Thank you.

______________________ Authorised Signatory

______________________ Authorised Signatory

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## FOR OFFICIAL USE ONLY

Last Transaction Date: ______________________

Account status: Closed ☐ Dormant ☐ Deleted ☐

CIS action step:

Account re-opened ☐ Request forwarded to TSU Head ______________________
(To grant manager approval for deposit/withdrawal)

Customer information updated on Basis

Treated by ______________________ Signature and Date: ______________________

Approval ______________________ Signature and Date: ______________________