

A Bank for Financial Inclusion		Date:
DORMANT ACCOUNT REACTIVATION FORM		
Branch Manager		
Trust Bank PLC		
Bra	nch	
Dear Sir,		
	iness transactions through my / our	account(s) with you and hereby authorize you to reactivate
my/our accounts(s)		
Account Details		
Account Number		
Account Title / Name		
Reason For Account Dormancy	Out of Town	Dissatisfaction Others
Contact / Present Address:		
Customer Mobile Number:		
Mobile Number: 0	1	
I/We understand that I/we are required to effect either a deposit or a withdrawal as part of the account reactivation process. I/we will provide required documents and update expired ones, to complete the reactivation process. I/we also confirm that the above information is correct. I/We will payoff related past dues, outstanding charges, fees, service charges, tariff at time of account activation.		
Signature of 1 st Applicant		Signature of the Joint Applicant
** Signature of all A/C holder must be obtained for joint account. FOR BRANCH USE ONLY		
Reactivation Checklist (Please tick		. 662 61121
KYC & Transaction Profile Upd. Address verification conducted	·	
Account Status		Last Transaction
Date Of Reactivation		

We the undersigned confirm that all the related documents(s) are in order as per TBL Ops Manual/related circulars and all necessary approval(s) are taken. We also confirm the physical presence of A/C holder(s).

Initiated by Desk Official (with seal & sign)

Recommended by Branch Operation Manager (with seal & sign)

Approved by Branch Manager (with seal & sign)