



Date:

**DORMANT ACCOUNT REACTIVATION FORM**

Branch Manager  
Trust Bank Ltd.  
\_\_\_\_\_ Branch

Dear Sir,  
I/we wish to resume normal business transactions through my / our account with your branch and hereby request to reactivate my/our accounts(s)

Account Details														
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Title / Name	<input type="text"/>													
Reason For Account Dormancy	<input type="checkbox"/> Out of Town / Country			<input type="checkbox"/> Dissatisfaction				<input type="checkbox"/> Others.....						
Contact / Present Address:	<input type="text"/>													

Customer Mobile Number:														
Mobile Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 pay related past dues, outstanding charges, fees, service charges, tax, excise duty at time of account activation.

Signature of 1<sup>st</sup> Applicant

Signature of the Joint Applicant

\*\* Signature of all A/C holder must be obtained for joint account.

FOR BRANCH USE ONLY														
<b>Reactivation Checklist (Please tick as applicable)</b>														
<input type="checkbox"/> KYC & Transaction Profile Update	<input type="checkbox"/> Update mobile number or E-mail Address	<input type="checkbox"/> Expired documents updated and validated												
<input type="checkbox"/> Address verification conducted	<input type="checkbox"/> Interviewed conducted by Bank Officials	<input type="checkbox"/> NID copy and Signature verified												
Account Status	<input type="text"/>						Last Transaction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Of Reactivation	<input type="text"/>													

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)