DORMANT ACCOUNT RE-ACTIVATION FORM

ACCOUNT NAME(s)		
TELEPHONE NUMBER		
DATE		
TO: THE BRANCH MANAGER	BRANCH	
RE: DORMANT ACCOUNT RE-ACTIVATION:		
Please re-activate my account number	, v	which I have not been able to operate
for a period ofm	nonths/days due to the following reason(s);	
1		
2		
Customers Undertaking: I/ we irrevocably agre connection with this re-activation.	e to indemnify the bank against any liabilit	y loss or claim in
Yours faithfully,		
Signature	ID NO	
FOR BANK USE ONLY:		
Updated customer information checklist:		
Customer has presented valid identifi	cation	
Customer's original file has been retr	rieved and all KYC updated	
Customer's signature has been verific	ed and confirmed	
Manager's Remarks		
Branch stamp and initial of verifier.	Checker's signature and no.	Approver signature and no.

Regulated by the National Bank of Rwanda









