



DORMANT ACCOUNT REACTIVATION FORM

Branch

Date

CUSTOMER DETAILS

Customer Name	<input type="text"/>
Joint Customer Name	<input type="text"/>
Account Number/s	<input type="text"/>

I/We request BSP Financial Group Limited to reactivate the listed dormant account/s. I/We certify that I am/We are the owner/s of the account/s. I/We have not used the account(s) due to

Customer Signature	<input type="text"/>	Joint Customer Signature	<input type="text"/>
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CUSTOMER IDENTIFICATION

I/We confirm that the following identification documents confirms my/our true identities as the owner/s of the account/s.

- Drivers License
 Birth Certificate
 Superfund ID Card
 Employee ID card
 Passport
 NID

Other Forms of Identification (Please specify)	<input type="text"/>
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BANK USE ONLY

- Existing Account
 Confirm Account Status
 Confirmed Identification
 BSP Customer ID
- Customer Image
 Customer Signature
 BSP Customer ID Checked
- Confirmed Customer information updated (if required)

- Checked and verified by CSO
 Account Re-activated

I certify that the customer/s have been fully identified and is/are the rightful owner/s of the account/s.

Name: Signature:

Branch: Date:

- Reviewed and approved by Branch Manager

I certify that the customer/s has/have been fully identified and is/are the rightful owner/s of account/s.

Name: Signature:

Branch: Date: