Dormant account reactivation form

Fill in BLOCK letters and check $\ensuremath{\overline{\square}}$ where appropriate



Date day month year				
CUSTOMER REFERENCE				
Customer account number	0 2			
Account title				
Please check $oxtimes$ the appropriate box and fill in itle specified above. These will apply to all a			apply to the Accou	int number and Accoun
CHANGE IN ACCOUNT INFORMA				
□ Address*, select address type □ Of Number □ Street	fice Residence			
P.O. Box/Postal/Zip code				
Province/State				
☐ Contact number, specify details below.				
☐ Tel (Off) +		□ Tel (Res) +	try code / area code	
□ Fax + country code / area code		□ Mobile +	try code / area code	
☐ Tel(Home country)+		□ Email		
country code / area code * Supporting document(s) required.				
, we am jare aware mat there may be a set	or debit and credit trans	action of AED 1 to eff	ect the activation,	and that this request for
activation is subject to the Bank's verification				
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- In the case of multiple signatories, authorized signatories must initial as per the account mandate.
- The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.