



DORMANT/INACTIVE ACCOUNT ACTIVATION FORM

Date

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M	M
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Y	Y	Y	Y
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Branch Manager/STSO,

-----Branch/Uposhakha
IFIC Bank Limited.Dear Sir,
My/our account(s) has/have been inactive for Two years or more. I/we wish to resume normal business transactions through my/our account(s) with you and hereby authorize you to reactivate my/our account(s).**ACCOUNT DETAILS**

Account Title												
Account No												
Type of Account												
Nature of A/C	<input type="checkbox"/> Individual					<input type="checkbox"/> Other Than Individual						
Reason for Account Dormancy	<input type="checkbox"/> Out of Town			<input type="checkbox"/> Dissatisfaction			<input type="checkbox"/> Others.....					
Callback Method (If Bearer/Carrier)	<input type="checkbox"/> Mobile Phone			<input type="checkbox"/> IP Phone			<input type="checkbox"/> Others					

BEARER INFORMATION (If Applicable)

Name of Bearer												
Contact Number												
Account Number (If any)												
Party ID												
Means of Identification (If no Account is available)	<input type="checkbox"/> National ID/Smart ID				<input type="checkbox"/> Passport				<input type="checkbox"/> Driver's License			
ID Number												
Relation with Accountholder												

Signature of the Bearer (As per photo ID/Account)

SIGNATURE VERIFICATION

I/We understand that I/we am/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.

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Accountholder's Signature (Seal if required)

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2nd Accountholder's Signature (if joint)

FOR OFFICIAL USE ONLY

Reactivation Checklist (Please tick as applicable):

<input type="checkbox"/> Know Your Customer (KYC) & Transaction Profile updated	<input type="checkbox"/> Update mobile number or e-mail address	<input type="checkbox"/> Expired documents updated and validated
<input type="checkbox"/> Address verification conducted (where there is a change of customer's address)	<input type="checkbox"/> Interviewed conducted by TSO /CSO/ CSM/ SCSM and BM separately	<input type="checkbox"/> NID/Smart ID and Signature verified

Account Status: **Last Transaction:**

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D	D	M	M	Y	Y	Y	Y
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Name:
Date:
EID:

Name:
Date:
EID: