DORMANT ACCOUNT REACTIVATION FORM

Stanbic Bank
A member of Standard Bank Group

Customer name:_____

_____

Date (DD/MM/YYYY): _____

Customer number: [ ][ ][ ][ ][ ][ ][ ]

Account Number: _____ **Type of Account:** _____

Branch: _____

Reason(s) for Dormancy:

_____
_____
_____
_____
_____
_____
_____

Reason(s) for reactivation:

_____
_____
_____
_____
_____
_____
_____

Signature:_____

_____

_____

_____

STAMP
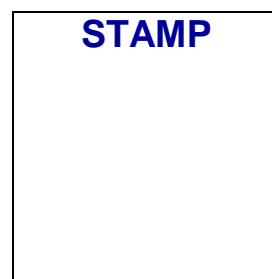
	Received by:	Approved by:
Name		
Signature		
Date		