



### DORMANT/INACTIVE ACCOUNT ACTIVATION FORM

Date  /  /

Branch Manager/STSO,

-----Branch/Upshakha  
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/Currier)	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> IP Phone	<input type="checkbox"/> Others .....

#### BEARER INFORMATION (If Applicable)

Account Number (If any)			
Name of Bearer			
Contact Number		Party ID (if available)	
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.

Accountholder's Signature (Seal if required)

2nd Accountholder's Signature (if joint)

#### FOR OFFICIAL USE ONLY

##### Reactivation Checklist (Please tick as applicable):

- KYC & Transaction Profile updated
- Update mobile number or e-mail address
- Expired documents updated and validated
- Address verification conducted (where there is a change of customer's address)
- Interviewed conducted by Bank Officials and BM separately
- NID/Smart ID and Signature verified

<b>Account Status:</b>		<b>Last Transaction:</b>			
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Initiating Officer's Signature

Approving Officer's Signature

Name:

Date:

EID:

Name:

Date:

EID: