



ZENITH BANK PLC

RC No. 150224

ACCOUNT REACTIVATION/TRANSFER

Date.....

I/we hereby apply for reactivation of my/our account(s) with your bank. The particulars are as follows:

ACCOUNT NAME: A/C No:

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ACCOUNT NAME: A/C No:

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ACCOUNT NAME: A/C No:

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CUSTOMER'S BVN:

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CURRENT DOMICILED BRANCH:

PRESENT PHYSICAL ADDRESS:

GSM NUMBER: Email:

REASON FOR ACCOUNT DORMANCY:

Do you want to transfer your account(s) to another branch? Yes No

If yes, please indicate your preferred branch:

ACCOUNT SERVICE(S) REQUIRED (Please tick applicable option below)

Debit card Preference(s): (Fees apply) Master Card Visa Verve

Electronic Banking Pref(s): Mobile Banking/USSD Internet Banking (Enquiries only) Internet Banking (Funds Transfer)
Hardware token required at a fee

Cheque Book Requisition: (Fees apply) 20 Leaves 50 Leaves 100 Leaves

Statement Delivery Pref(s): E-mail Collection at Branch **Statement Frequency:** Monthly Quarterly

Transaction Alert Pref(s): SMS Alert (Fee applies) Bi-Annually Annually

E-mail Alert (Free) (Indicate preferred e-mail address):

Where a customer opts not to receive SMS alert, the customer should issue an indemnity (for losses that may arise as a result) to the bank.

I/we intend to continue operation of the account(s) with the Bank in accordance with the terms and conditions contained in the Account Opening documents already submitted.

Thank you.

.....
AUTHORIZED SIGNATORY
(Name & Signature)

.....
AUTHORIZED SIGNATORY
(Name & Signature)

FOR BANK USE ONLY

Account Balance (RTB).....

Visitation Done By.....

Status of Account Documentation.....

Checked by:
(CSU Officer)

Authorized by:
(HOP/Branch Head)