

Dormant Account Reactivation Form Personal Account



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The Head of Branch

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United Commercial Bank Ltd

CIF Number

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Account Number

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Account Name (English; Block Letters) _____

I/We request to reactivate my/our above mentioned dormant account

Reason for Dormancy:

- There is no change in all of my/our existing Information
- Information change request attached herewith

Signature of Account Holder

Signature of 2nd Account Holder
(In case of Joint Account)

Signature of 3rd Account Holder
(In case of Joint Account)

For Branch Use Only

- Customer Physically Present NID/ valid Photo ID obtained
- There is no change in customer information
- Customer information needs to be updated

Papers and Documents	Status	
Obtaining recent photograph(s)	YES	NO
Obtaining of fresh introduction (In case of legacy account)	YES	NO
Obtaining of all information in the new AOF (In case of legacy Account)	YES	NO
Obtaining valid Photo ID	YES	NO
NID card dully verified.	YES	NO
Verification of Contact Point (CP) of the A/c holder	YES	NO
Risk assessment as per new AOF(BFIU circular No.10 dated 28.12.2014)	YES	NO
Face to face interview	YES	NO

Checked by (Concerned Branch Officer)

Verified by (Manager Operation)

Approved by (Head of Branch)

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