Keystone Bank
RC. 365935
KEYSTONE BANK LIMITED

ACCOUNT REACTIVATION FORM

Kindly complete in CAPITAL LETTERS

The Manager,
Keystone Bank Limited

Date D D M M Y Y Y Y

Kindly Tick as Appropriate

- ☐ Kindly use this as an instruction to re-activate my dormant account
- ☐ Kindly use this as an instruction to re-open my closed account/ open a new account for me and move funds from my closed to new
- ☐ Kindly make available funds in my closed account

Customer Information

Title Mr. ☐ Mrs. ☐ Others (Specify) _____

Name
(Surname) (First Name) (Other Names)

Existing Account Name _____

Account Number BVN

Residential Address

City/Town _____ L.G.A (Residential) _____

State Nearest Bus Stop/ Landmark _____

Mobile Phone Number National Identification Number (NIN)

E-mail Address

Reason for Dormancy/Closure - *Please tick as appropriate*

Out of Town ☐ Dissatisfied with services ☐ Fraud on Account ☐ Unresolved Issues ☐ Branch Proximity ☐

Products not meeting your needs ☐ Lost Interest in the Brand ☐ Rates, Fees and Charges for services too high ☐

Not served well by your Account Officer or Relationship Manager ☐ Others (Specify) _____

Kindly suggest how best we may serve you

I/We further consent to the processing of my/our Personal Data (within or outside Nigeria), Including transfer of my Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above, including but not limited to data collection, processing and storage.

Signature Signature

Date D D M M Y Y Y Y Date D D M M Y Y Y Y

Bank Use Only

Account Balance

Enhanced due diligence and documentation sighted and signed by me

CSO

Signature Date D D M M Y Y Y Y

BM

Signature Date D D M M Y Y Y Y