



ACCOUNT REACTIVATION FORM

The form should be completed in CAPITAL LETTERS

DATE

<small>D</small>	<small>D</small>	<small>M</small>	<small>M</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>

I/We hereby apply for reactivation of my/our Account with your Bank, which has been dormant for some time. The particular are as follows:

BANK VERIFICATION NUMBER (BVN)

ACCOUNT NAME:

ACCOUNT NUMBER: BRANCH

RESIDENTIAL ADDRESS:

(Please tick as appropriate)

Reason for account dormancy: Proximity Out of Town Dissatisfaction Others

E-Banking Products/Services: Internet Banking E-Statement SMS Alert E-Mail Alert

Amount Deposited: Currency: ₦ \$ € £ ¥

I/We hereby authorize Polaris Bank Ltd. To reactivate this account(s) which has been inactive. I/We confirm that the above information is correct and also agree my/our above account(s) shall be subject to the terms and conditions applicable by the Bank to such account as may be amended from time to time.

Authorized signatory _____

Authorized signatory _____

FOR BANK USE ONLY

Account Balance:

Reviewed By CSO Signature _____

Authorised By HC/SO/BSM Signature _____

DOCUMENTATION STATUS BY BSM:

Complete Document Incomplete Document Deferral in place

CUSTOMER CONTACT UPDATE:

Kindly use the contact information below to replace my contact details with the Bank.

ACCOUNT NAME:

ACCOUNT NUMBER:

E-MAIL:

PRIMARY MOBILE NUMBER :

Reason(s) for contact update:

Personal Phone loss/Theft E-mail Hacked Others _____

Signature

Signature

ELECTRONIC-CONSENT CLAUSE FOR TRANSFER AND DISCLOSURE OF PERSONAL DATA

DECLARATION:

- I declare that I am aware that my personal data/ information is required for the onward processing of my request and hereby agree to supply adequate and true information for this purpose.
- I hereby give my consent to the collection, use and transfer, in electronic or other forms, my personal data as described in this document by the Bank in accordance with the provisions of the law or relevant regulatory requirements.
- I agree that the information supplied by me may be disclosed to any governmental agency or regulatory body as requested by law/regulatory directives or in the public interest.
- I further agree that any duplication and any copy, photocopy, electronic data or facsimile, which have been made as a copy from this original consent by means of photocopy, scanning or recording in whatever form, shall be deemed as evidence of my consent with the same effect as its original.
- I agree that I will not hold the bank liable in respect of any claim or loss arising from the use, transfer or disclosure of my personal data/information by the Bank in good faith or in compliance with the request from legal/regulatory authorities.

In line with my request, I am aware that my accurate personal data is required to facilitate the processing of my application/ request and in the course of processing and meeting my request, the Bank may be required to disclose and transfer such data to its business partners or service providers or in accordance with the provisions of the Law or relevant regulatory requirements. For this reason, I give my consent to the Bank to disclose the information in good faith to these parties whenever it is required. And I shall not hold the Bank liable in respect of any claim or loss arising from the use, transfer or disclosure in good faith of my personal data/ information.

Authorized signatory

Authorized signatory