



# SEAP Microfinance Bank Limited Rc1108836

## Dormant Account Reactivation Form

Account Name:

Account Number:

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Mobile (GSM) No:

Email Address:

Permanent Home Address:

  

Reason for dormancy:

  

Amount Deposited (In figures): ~~N~~

Amount Deposited (In words):

**Kindly attach Board Resolution or Minutes of meeting authorizing reactivation for Non-Individual account**

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

Authorized Signature:..... Date:.....

### BANK USE ONLY

CSO : .....

Signature \_\_\_\_\_ Date \_\_\_\_\_

HOP : .....

Signature \_\_\_\_\_ Date \_\_\_\_\_