



GATEWAY MORTGAGE BANK LIMITED

Dormant Account Reactivation Form

Account Details

Account No: [][][][][][][][][][] Date: [][][][][][][][][][]

Customer's Name:

Reason for Account Dormancy: Proximity Out of Town Dissatisfaction with Services
 Others.....

Branch where Account was opened:

Customer Information Update

Current Residence Address:..... City:.....

Bus stop:..... Local Govt:..... State:.....

Mobile No:..... Office Tel:..... Home Tel:.....

Date of Birth:..... Mother's maiden Name:.....

E-mail Address:

Employer's Name:..... Office Address:.....

Means of Identification: Int'l Passport National ID Driver's License Others:.....

Issue Date [][][][][][][][][] Expire Date [][][][][][][][][] ID No:.....

My account has been inactive for six months (or more). I wish to resume normal business transactions through my account with you. Therefore, kindly reactivate my account. I understand that I am required to effect a deposit or a withdrawal as part of the account reactivation process. I will provide requisite documents and update expired ones, to complete the reactivation process, I also confirm that the above information is correct.

Authorized Signatory:..... Authorized Signatory:.....

For Official Use Only
Account Re-activation Checklist Inactive Account Dormant Account

CSO Signature & Date Branch Manager Signature & Date.....