

# INACTIVE/DORMANT ACCOUNT REACTIVATION FORM



Client Information			
CIF #:		Client Name:	
Account Numbers: <input type="checkbox"/> All			
Reason For Inactivity			
<input type="checkbox"/>	Dissatisfaction with Service		
<input type="checkbox"/>	Change of residency		
<input type="checkbox"/>	Account Attached to Investment		
<input type="checkbox"/>	Not primary bank relationship		
<input type="checkbox"/>	Other (Specify)		
Client Statement			
I wish to resume transactions using the accounts specified above, which have been inactive for a period of more than 12 months.			
I understand that I am required to complete an account transaction as part of the reactivation process			
I also understand that I will incur a reactivation charge.			
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Client Authorised (or on behalf of)</b>			
Customer Information Verified?:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approval			
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Client Relationship Director/Designate:</b>			
Customer Experience			
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Input By:</b>			
<b>Authorised By:</b>			
BANK USE ONLY - Operations			
Credit Miscellaneous Fees to PL52725			
Debit Amount:			
Debit Accounts:			
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Input By:</b>			
<b>Authorised By:</b>			