

## **Customer Reactivation Request**

Date:					
Branch name	9:				
Customer number:			or Emirates ID nur	mber:	
Customer na	me:				
	hone number:				
Mobile Phon	e number:				
Mailing addre	ess:				
Employer ad	dress				
Office Phone	number E-m	ail:			
	vate my / our above mentioned tionship on		ship. I / We authori	ze you to effect the following instructions or	
<ul> <li>Close my</li> </ul>	Account(s) and/or Credit Card(	(s) and give me the	balance as cash.		
<ul> <li>Debit my</li> </ul>	Debit my / our Account number for AED / USD / GBP / EUR				
and transfer the amount to my / our Account number and transfer the amount to my / our Account number and transfer the amount to my / our Account number				and renew the balance amount	
for	for months at the Bank's prevailing interest rate / at the agreed rate of				
	y / our Account number for AED / USD / GBP / EUR sfer the amount by T.T, D.D or Central Bank transfers to the following address:				
Bank Nan	ne:				
Account r	name:				
Account number:		IBAN:			
Bank add	ress:				
Customer	's signature				
For Bank U	Jse Only - Documents Attac	ched			
☐ Dormant		□ Unclaimed			
Passport Copy		New Sign	ature Card	Other IDs (Please specify)	
Staff Name, Signature and Stamp			Approver Name, Signature and Stamp		
Remarks					