

Bank of India (Uganda) Ltd
DORMANT ACCOUNT RE-ACTIVATION REQUEST FORM



TO: THE BRANCH MANAGER

BRANCH:

DATE:

Please reactivate my/our account, I/We have not been able to operate for a period ofMonth(s)/Year(s).

Reason for not operating the Account

.....

Account Holder's Name / Title of Account:

.....

Account Number:

Last transaction amount:

Last transaction Type:

I/We authorize the Bank to debit my account with the prevailing charges involved as per the tariff guide.

Name: _____

Name: _____

Signature: _____

Signature: _____

----- FOR OFFICIAL USE ONLY -----

Received by: _____ Confirmed by: _____

Verified by: _____ Date: _____ / _____ / _____

Accepted	Declined
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