TANGALE MICROFINANCE BANK (NIG.) LTD.

DORMANT ACCOUNT REACTIVATION FORM

Account Information

Title of account

Account Number

Address

Bank Verification Number (BVN)

Means of Identification

ID Number

Phone Number

PASSPORT

Nature of transaction for activation

(Please mark whichever is applicable)

☐ Cash ☐ Fund transfer ☐ Cheque/Cash deposited by account holder ☐ Others (Specify):

I/We request Tangale Microfinance Bank to activate my Current Account by debiting the above mentioned transaction.

Signature: 1:…… 2:…… 3:……

For Bank Use:

I.T. Officer: _____Date:……Internal Auditor: _____Date:……..

Ops Mgr.: _____Date:……

Approval

MD/CEO: _____Date:……

TANGALE MICROFINANCE BANK (NIG.) LTD.

DORMANT ACCOUNT REACTIVATION FORM

Account Information

Title of account

Account Number

Address

Bank Verification Number (BVN)

Means of Identification

ID Number

Phone Number

PASSPORT

Nature of transaction for activation

(Please mark whichever is applicable)

☐ Cash ☐ Fund transfer ☐ Cheque/Cash deposited by account holder ☐ Others (Specify):

I/We request Tangale Microfinance Bank to activate my Current Account by debiting the above mentioned transaction.

Signature: 1:…… 2:…… 3:……

For Bank Use:

I.T. Officer: _____Date:……Internal Auditor: _____Date:……..

Ops Mgr.: _____Date:……

Approval

MD/CEO: _____Date:……