b	Bank Saderat Ira								
Date									

Reactivation of Dormant account request form

Date							E	Branch								
ACCOUNT INFORMATION																
Account name																
Account number																
Mailing address (Provide proof of address)																
Contact number		Nationality														
NATURE OF TRANSACTION FOR ACTIVATION																
Mode of transaction (Please mark ☑ whichever applicable)																
☐ Cash /Cheque withdrawal						☐ Cheque/ Cash Deposit by Account Holder/s										
☐ Inward Clearing / Transfer Cheque					☐ Cheque/ Cash Deposit by Third Party											
Other (Please Specify)																
Value of transaction QAR																
Reason for account not operated																
Declaration I hereby confirm that the information provided by me is true and correct I take full responsibility for this. I confirm that, to the best of my knowledge and belief, the												<u> </u>				
funds being deposited have not been derived fro	m any illego	al activitie	s. I agr													
any amendments to be made from time to time by the bank in the future. AUTHORIZED SIGNATORY																
Date					Date	9										
FOR BANK USE ONLY																
Date of dormancy		Balance before					e act	e activation QAR								
☐ Address proof documents collected																
☐ Account Statement or self certification letter collected																
Customer is interviewed/ signature verified on the account prior to activation Activation rejected due to																
Activation rejected due to																
Customer interviewed by		Approval by AML dept				Approved by manager Signature & Date										
Signature & Date Signature & Date							318	gridtu	ie &	Date						