

GUARANTY TRUST BANK (LIBERIA) LIMITED

FORM #



DORMANT ACCOUNT REACTIVATION FORM

1. Date
MM DD YY

2. Type of Account Saving Checking

3. Currency LD USD

4. Kindly REACTIVATE the below dormant account and DEBIT my account for the cost in the amount of _____()

5. Account Number ____/____/____/____/____

6. Account Title _____
First Middle Last

7. Business Address _____
Street City/Town County/State

8. Home Address _____
Street City/Town County/State

9. Please sign below exactly as on the signature card(s) and print your name (s) In the spaces provided

1. _____ 1. _____
Signature of Account Holder FIRST MIDDLE LAST

2. _____ 2. _____
Signature of Account Holder FIRST MIDDLE LAST

FOR BANK USE ONLY

1 REACTIVATION FEE
\$ _____

2. SIGNATURE/ TELLER VERICATION

3. APPROVED

CUSTOMER SERVICES INFROMATION

HEAD OF OPERATIONS