



REACTIVATION OF ACCOUNT FORM (CORPORATE)

(PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS) NOTE: INFORMATION PROVIDED HEREIN WILL BE USED TO UPDATE YOUR DETAILS WITH THE BANK

CUSTOMER INFORMATION

Domiciled Branch:
Account Name Account Number: SCUML Number.....
RC Number.....Tax Identification NumberDate of Incorporation (DD/MM/YYYY).....

REASON FOR ACCOUNT DORMANCY

Relocation Insufficient funds Service Issues Using other account Other reason (Please Specify).....

CUSTOMER INFORMATION UPDATE

Name	Phone Number	E-mail	ID Type	ID Number	Issuance Date	Expiry Date

Business/Office Address.....

Name of Director	Phone Number	Address

ADDITIONAL SERVICES (IF REQUIRED)

E-MAIL MONTHLY STATEMENTS TRANSACTION ALERTS SMS ALERT EMAIL ALERT

Consent to Disclosure

We confirm that my/our account(s) and all banking transaction between me/us ("the customer", or "I", or "me", or "us" or "we") and First City Monument Bank Plc ("the Bank") shall be governed by the conditions specified below and/or the terms of any specific agreement between me/us and the Bank or where not regulated by either the conditions or such agreement, by customary banking practices in Nigeria. I/We confirm that all information provided here will supersede all previous information given during account opening. The information here should therefore be used to update my/our details with you.

2. I/we/am/are aware that First city Monument Bank PLC is a member of a credit Reference Agency (CRA) and other credit Bureau Organization (CBOs) licensed by the central Bank of Nigeria (CBN) to create, organize and

4. I/we understand that information held about me/us by the CRA or CBOs may already be linked to records relating to one or more of my/our partners or associates. I/we may be treated as financially linked and our/my application will be assessed with reference to any associated records. In addition, for any joint application made by us/me with any other person(s), new financial association may be created at the CRAs or CBOs which link our financial records.

5. I/we hereby warrant that you are entitled to disclose information, both written and oral, about me/us, any co-applicant or guarantor and/or anyone else referred to by me/us, and to authorize you to search and/or record such information at CRA or any CBOs, which will link my/our financial records. I/we hereby agree to indemnify and hold the bank harmless against all claims costs, fees, expenses, damages and liabilities against the Bank

manage database for the exchange and sharing of information on credit status and history of individual and business. I/we/am/are also aware that this information shall be used for business purpose approved by the CBN and any relevant statute. As a member of CRA and/or CBOs, the Bank is under obligation to disclose to CRA or CBOs credit information and any other "confidential or personal information" disclosed to it in the course of banker/customer relationship with it.

3. I/we agree that the Bank may collect, use and disclose such information to CRA or CBOs and that the credit bureau may use the information for any approved business purpose as may from time to time be prescribed by the CBN and/or any relevant statute.

relating to, or arising as a result of, the disclosure of information about us/me or such co-applicant or guarantor or other person or any use information by CRAs or any CBOs in compliance with the provisions of any Guideline and/or relevant statute.

6. I/we hereby release and discharge First City Monument Bank Plc from its, obligation under the Banker's duty of secrecy and forswear my/our right to any claim, damages, loss etc on account of such disclosure to CRAs or use by the CRAs or CBOs in accordance with the provision of any CBN Guideline and /or relevant statute.

I/We hereby certify that the information given on this form is correct and should be used to update my details with your BANK I/We have read, understood and agree with the Account reactivation agreement governing the selected account(s)

Signatory Name:.....Signature and Date

Signatory Name:.....Signature and Date

FOR BANK USE ONLY

Walk in (Y/N)

Broker Code

Account Officer Code

Documentation Complete: Yes No

CSO Name & Sign:.....

CSM Name & Sign:.....