

(Form should be filled in CAPS)

The Manager,				
Branch:				
Date:				
Dear Sir/Madam,				
ACTIVATION OF DORMAN	IT ACCOUNT			
I/We, holders of Account Number			request you to	
activate my / our Account w	hich is in dormant statu	s. I/ We unders	stand that a financial	
transaction is mandatory to	maintain the active stat	us of the accou	nt.	
Account Name:				
	Signatory 1	Sign	Signatory 2	
Name				
Signature (To be signed in				
the presence of a bank				
official)				
ID/PP Number				
For bank use only				
Account Activation Checklist		S	taff Signature	
Instructions delivered b	y (instructions should be	e delivered by a	authorized account	
signatory)				
Name				
Mobile Number				
Due Diligence				
Signed in presence of bank official				
Customer Interview conduc	cted			
Customer ID sighted				
Verification of Signature ar	d Photo			