



# ACCOUNT STATUS MAINTENANCE FORM

To:		From: (Branch) CPS
Account Name:		CIF:
Account Number:	Transaction	Savings <input type="checkbox"/> <input type="checkbox"/>

## Type: Account Status Uplift

## Fax to ROC

- ☐ 1. Reactivate Account
- ☐ 3. No Debits Allowed
- ☐ 4. Closed
- ☐ 5. Dormant    3rd Party Deposit Copy  
- no signature card required  
- account will be placed on "No Debits"
- ☐ 7. Closed to Posting (DR/CR)
- ☐ 8. Deceased

1. Voucher copy **authorised** by CSM (DR/CR)
2. Signature Card Copy  
(if not clear/old – ask for other ID & fax updated Signature Card where applicable)
3. Signature ID Copy  
(other ID e.g. Passport, Driving Licence, etc) – Where applicable
4. New Accounts Forms(Re-Activate Account)

Note: CSO/Teller must stamp and sign maintenance form

## Reason for Maintenance

Customers Signature (if applicable):

## Branch:

Customer Service Officer: (Signature)

Name:

Date:

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Authorised By: (Signature)

Name:

Date:

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Checked By: (Signature)

Name:

Date:

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Checked By: (Signature)

Name:

Date:

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