सालपा विकास बैंक लि.
SALAPA BIKAS BANK Ltd.
नेपाल राष्ट्र बैंकबाट इजाजतपत्र प्राप्त खोटाङ जिल्ला कार्यक्षेत्र भएको 'ख' वर्गको वित्तीय संस्था

ACCOUNT ACTIVATION REQUEST FORM

Date::_____

To
Salapa Bikas Bank Ltd.
_____ Branch

Dear Sir,

I/We, hereby request you to reactivate my/our account as there were no transactions since last six months.

Further, I/We hereby indemnify and undertake to hold your bank harmless all the time from any and all possible losses and consequences arising out of reactivating my/our below detailed account.

Account No: .....
Account Name: .....
Address: .....
Reason for non operation: .....
Present deposit/withdrawal amount: .....
Please collect necessary charges, if any from my/our account held with your bank.
Thanking You

_____
Applicant's Signature(s)

FOR OFFICE USE ONLY

Signature verified by .....Approved by .....
Remarks (if any).....