



सेन्ट्रल फाईनान्स लिमिटेड
CENTRAL FINANCE LIMITED
Serving Your Financial Needs

Account Activation Request Form

M/s Central Finance Limited
..... Branch
.....

Date:

I/We request you to reactive my/our account, as there was no transaction since long time.

If I/We fail to comply any damages incurred as a consequence thereof I/We agree to be entirely responsible.

Account No.:

Account Holder Name:

Address:

Thanky you.

.....

Applicants Signature (s)

For Official use Only

Signature Verified By

Approved by

Remarks (if any)