

ACCOUNT REACTIVATION FORM

Date:.....

The Manager,
African Banking Corporation
..... Branch
NAIROBI

Dear Sirs,

RE: REACTIVATION OF ACCOUNT NUMBER

I/We hereby request that my/our above account which is **inactive/dormant** be reactivated.

The account has been **inactive/dormant** due to.....
.....
.....
.....

When reactivated, I / We shall ensure that the same is operated as per the Bank's requirements.

Yours faithfully,

Authorised signatory (ies) as per bank mandate

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

FOR OFFICIAL USE ONLY

Positively identified Yes No ****Please attach copies of Identification documents used**

| | | | |
|-------------------------|--------------|------------|-------|
| Prepared by: Name: | Designation: | Signature: | Date: |
| Authorised by: Name: | Designation: | Signature: | Date: |