

ACCOUNT REACTIVATION FORM

Date:.....

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

Dear Sir/Madam,

RE: ACC. NUMBER:..... ACC. NAME:.....
ACC. NUMBER:..... ACC. NAME:.....
ACC. NUMBER:..... ACC. NAME:.....

I/We hereby request that my/our above account (s) which is/are **inactive/dormant** be reactivated.
The account (s) has been **inactive/dormant** due to.....
.....
.....
.....

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

Data Protection Privacy Notice

The information that you input here shall be retained by us strictly for our own use in line with the Data Protection Act No. 24 of 2019, our Privacy Policy and the Privacy Notice and I consent to the application of the Data Protection Act No. 24 of 2019 and the Bank's Privacy Policy and the Privacy Notice to all information provided to the Bank. This Privacy Notice may be updated from time to time and the most recent version can be found on our website or with our customer care representative. If you would like any further information contact our Data Protection Officer or kindly contact us at ABC Bank House, Woodvale Grove, Westlands, P. O. Box 38610 – 00800, Nairobi addressed 'for the attention of the DPO'.

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: