African Banking Corporation Ltd

BUSINESS ACCOUNT REACTIVATION REQUEST FORM

(TO BE COMPLETED IN BLOCK LETTERS)

Branch: _____ Date: _____

Account Name: _____

Account Number: _____

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 .....

(Please note that the information given below shall be used to update your customer details held by the Bank)

COMPANY/ENTITY DETAILS (Business Accounts Held by ABC Bank)

ENTITY NAME:				
COUNTRY OF REGISTRATION/INCORPORATION:			KRA/TIN NO:	
RESIDENTIAL ADRRESS:	Building:	Street:	County/City:	Country:
POSTAL ADDRESS:		POSTAL CODE:	CITY/TOWN:	
NUMBER OF BENEFICIARIES:			ANNUAL TURNOVER (IN KES):	
ECONOMIC SECTOR:			NATURE OF BUSINESS:	
MOBILE NO:		EMAIL ADDRESS:		

1ST SIGNATORY INFORMATION

NAME (As per Identification Document):	Surname:		First Name:	Middle Name:
ID/PASSPORT No:	DOB: D D M M Y Y Y Y		NATIONALITY:	GENDER: M: ☐ F: ☐ Others: ☐
RESIDENTIAL ADRRESS: Building:		Street:	County/City:	Country:
POSTAL ADDRESS:		POSTAL CODE:	CITY/TOWN:	
MOBILE NO:		EMAIL ADDRESS:		
ECONOMIC SECTOR:			OCCUPATION:	
ANNUAL TURNOVER (IN KES):			KRA/TIN NO:	

2nd SIGNATORY INFORMATION

NAME (As per Identification Document):	Surname:		First Name:	Middle Name:
ID/PASSPORT No:	DOB: D D M M Y Y Y Y		NATIONALITY:	GENDER: M: ☐ F: ☐ Others: ☐
RESIDENTIAL ADRRESS: Building:		Street:	County/City:	Country:
POSTAL ADDRESS:		POSTAL CODE:	CITY/TOWN:	
MOBILE NO:		EMAIL ADDRESS:		
ECONOMIC SECTOR:			OCCUPATION:	
ANNUAL TURNOVER (IN KES):			KRA/TIN NO:	

3rd SIGNATORY INFORMATION

NAME (As per Identification Document):	Surname:		First Name:	Middle Name:
ID/PASSPORT No:	DOB: D D M M Y Y Y Y		NATIONALITY:	GENDER: M: ☐ F: ☐ Others: ☐
RESIDENTIAL ADRRESS: Building:		Street:	County/City:	Country:
POSTAL ADDRESS:		POSTAL CODE:	CITY/TOWN:	
MOBILE NO:		EMAIL ADDRESS:		
ECONOMIC SECTOR:			OCCUPATION:	
ANNUAL TURNOVER (IN KES):			KRA/TIN NO:	

UPDATE SIGNATURE

Name of 1st Signatory		Date	
1st Signatory passport photograph	Signature		FOR BANK USE ONLY (STAMP HERE)
Name of 2nd Signatory		Date	
2nd Signatory passport photograph	Signature		FOR BANK USE ONLY (STAMP HERE)
Name of 3rd Signatory		Date	
3rd Signatory passport photograph	Signature		FOR BANK USE ONLY (STAMP HERE)

CUSTOMER AUTHORITY

Authorised Signature Authorised Signature Authorised Signature

**** To be signed according to account mandate held with the bank.***

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 you 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'.

FOR OFFICIAL USE ONLY

Client positively identified by; Name: _____ **Signature** _____

Prepared by:	**Designation:**	**Signature:**	**Date:**
Authorized by:	**Designation:**	**Signature:**	**Date:**

CBO:	Nature of Activity	Executed by	Signature	Verified by	Signature
Date:	Data Capture				
Date:	Image Scanning				