

ACCOUNT REACTIVATION FORM

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED



Date

Member Name:

Member No:

Please reactivate my/our account whose details have been provided above.

I/We wish to reactivate my account by:

Depositing Cash KShs:

Withdrawing Cash KShs:

Reason for Reactivation:

Contact Details:

Postal Address:

Code:

Town:

Country:

e-Mail Address:

Mobile No:

Telephone No:

Signatories:

Customer's Signature:

ID Card No:

FOR OFFICIAL USE ONLY

Verified By

DD MM YYYY

Date

Signature

Authorized By

DD MM YYYY

Date

Signature