

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:

Customer's Signature: ID Card No:

Customer's Signature: ID Card No:

Customer's Signature: ID Card No:

FOR OFFICIAL USE ONLY

Verified By Signature DD MM YYYY Date

Authorized By Signature DD MM YYYY Date