



TO: BRANCH MANAGER
BRANCH:
DATE:

DORMANT ACCOUNT REACTIVATION FORM.

Please reactivate my account, I have not been able to operate it for
month(s)/year(s)

Account Holder's Name:
ID/Passport No:
Account Number:.....
Last transaction amount:
.....

Next of Kin Contact Details:
.....

Customers Official Signature

Note: The cost of reactivation is 200 KES.

OFFICIAL USE ONLY:
BRANCH

Received and Prepared by:.....

Authorized by :

Receiving Stamp:

Date:

Accepted

Declined.....