

Re-Activation Form

Customer's Name: _____

Account Name: _____

Account Number: _____

Email: _____

Telephone Number: _____

Mobile Money Number: _____

Mobile Network: _____

Date of Birth: _____

TIN (Tax Identification Number)

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Test Questions

1. Balance in Account: _____

2. Last three withdrawals: _____

3. Address used when account was opened: _____

4. When & where was the Account opened: _____

5. Reason for non-operation of account(s) _____

Signature: _____

Please tick here to agree to link your Mobile Money Wallet to your account. This will allow you to fund the account without visiting a branch. Funding your account is a mandatory part of the reactivation process.