DORMANT /IN-ACTIVE ACCOUNT REACTIVATION FORM

**Application Date …………………………………………………………………………………………**

I/We apply and do hereby authorize **St. Ann and Joachim Catholic Church Self Help Group** to reactivate my/our account which has been dormant/inactive for some time.

**Account Details:**

| Account Names: ………………………………………………………………………………………. |
| --- |
| Account Number: …………………………………………………………………..................................... |
| ID Number : ……………………………………………………………………………………….. |

**CUSTOMERS DETAILS: -**

|  | NAMES  | ID Number | CONTACT |
| --- | --- | --- | --- |
| 1st Signatory  |  |  |  |
| 2nd Signatory  |  |  |  |
| 3rd signatory |  |  |  |

**Reason for dormancy/Reactivation:-**

**………………………………………………………………………………………………….......**

**Customer Declaration:-**

 I/We confirm that the information given is true and I/we authorize the bank to debit my/our account with charges for account reactivation in accordance with the prevailing bank charges.

|  | Names  | Signature  | ID Number | Date |
| --- | --- | --- | --- | --- |
| 1st Signatory  |  |  |  |  |
| 2nd Signatory  |  |  |  |  |
| 3rd Signatory  |  |  |  |  |

**For Official Use Only:-**

|  | Names  | Signature  | Date |
| --- | --- | --- | --- |
| KYC Data Verified BY:  |  |  |  |
| Charges recovered by : |  |  |  |
| Charges Authorized BY |  |  |  |

Chairperson …………………………………………..Signature ………………….Date……………………………...

Treasurer…. …………………………………………..Signature …………………Date……………………………...

Secretary…. …………………………………………..Signature ………………….Date……………………………...