Development Bank of Kenya Ltd

ACCOUNT REACTIVATION FORM

APPLICANT DETAILS

ACCOUNT NAME:

PHYSICAL/POSTAL ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

DATE:

Dear Sir/Madam,
RE: ACCOUNT REACTIVATION

A/C NO:

Please activate my/our account. I/We have not been able to operate it for more than _____ months/years.

Reason:

Debit related charges accordingly.

I/We submit that the account(s) will be conducted according to the prevailing terms and conditions which I/We have been sufficiently informed about and have had time to study and now accept.
Please note that the account(s) to remain active, you must transact on the date of activation.

Register for Mobile Banking: Yes ☐ NO ☐
Register for Online Banking: Yes ☐ NO ☐
Password Reset: ☐ Mobile Banking ☐ Online Banking ☐

SIGNED ACCORDING TO MANDATES MAINTAINED WITH THE BANK.

Name:	ID/PP No:	Signature:	Date:

FOR OFFICIAL USE ONLY

Customer Number: A/C Number:

Call Back: Tel. No.: Time: Name:

Confirmed by: Signature: Date:

Authorized by: Signature: Date:

DEVELOPMENT BANK OF KENYA LIMITED IS REGULATED BY THE CENTRAL BANK OF KENYA