



DORMANT ACCOUNT REACTIVATION FORM

WHEN TO USE THIS FORM

Use this form to request the reactivation of your dormant personal account with the Bank. Please ensure that you provide accurate details and include any required identification or supporting documents when submitting the form.

☐ Individual Account Number

Complete Sections A, B, C, D, E, and K only

☐ Joint Account Number

Complete all sections

PRIMARY ACCOUNT HOLDER INFORMATION

SECTION A: BASIC PERSONAL DETAILS

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Gender ☐ Male ☐ Female

First Name

Middle Name

Last Name

Date of Birth

Place of Birth

Nationality

SECTION B: CONTACT AND ADDRESS INFORMATION

Mobile Number

Telephone Number

Email Address

RESIDENTIAL ADDRESS

Section	Lot	Street Name	Suburb / Town / Village	District / Province

MAILING ADDRESS

PO Box	Post Code	Country

Resident Status ☐ Resident ☐ Non-Resident ☐ Permanent US Resident ☐ Visited US in the last 3 years

SECTION C: EMPLOYMENT DETAILS

Employment Status	Occupation	Industry	Annual Gross Salary
☐ Employed ☐ Not Employed			K

SECTION D: POLITICALLY EXPOSED PERSONS (PEP) DETAILS

Are you related to a PEP (e.g. a politician, their family members, and / or business associates)? ☐ If yes, tick the box and provide details

Name of PEP	Position of PEP	Relationship to PEP

SECTION E: PURPOSE OF ACCOUNT AND SOURCE OF FUNDS

Purpose of Account	Source of Funds
☐ Salary / Wages ☐ Informal Income ☐ Savings ☐ Investment ☐ Royalty / Dividends ☐ Other _____	☐ Salary / Wages ☐ Informal Income ☐ Business Income ☐ Investment ☐ Royalty / Dividends ☐ Savings ☐ Other _____

COMPLETE THIS SECTION IF JOINT ACCOUNT

JOINT ACCOUNT HOLDER INFORMATION

SECTION F: BASIC PERSONAL DETAILS

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Gender ☐ Male ☐ Female

First Name

Middle Name

Last Name

Date of Birth

Place of Birth

Nationality

SECTION G: CONTACT AND ADDRESS INFORMATION

Mobile Number

Telephone Number

Email Address

RESIDENTIAL ADDRESS

Section

Lot

Street Name

Suburb / Town / Village

District / Province

MAILING ADDRESS

PO Box

Post Code

Country

Resident Status ☐ Resident ☐ Non-Resident ☐ Permanent US Resident ☐ Visited US in the last 3 years

SECTION H: EMPLOYMENT DETAILS

Employment
Status

- ☐ Employed
☐ Not Employed

Occupation

Industry

Annual Gross Salary

K

SECTION I: POLITICALLY EXPOSED PERSONS (PEP) DETAILS

Are you related to a PEP (e.g. a politician, their family members, and / or business associates)? ☐ If yes, tick the box and provide details

Name of PEP

Position of PEP

Relationship to PEP

SECTION J: ACCEPTABLE FORMS OF IDENTIFICATION

We need to verify your identity using accepted identification documents listed in the subsequent table. Please provide the originals of two (2) identification documents:

- Option 1: Two (2) photographic identification
- Option 2: One (1) photographic identification and one (1) Referee Form with your photo
- Option 3: One (1) photographic identification and one (1) non-photographic identification of your choice

If you are unable to provide any of the identification documents listed above, you may still open an account by submitting two (2) completed Referee Forms with a passport sized photo attached, subject to certain conditions. Please speak to our Bank Staff for assistance.

If you are a student, housewife, unemployed, employed in the informal sector, or with an annual income of K24,000 or less, please provide: **one (1) photographic identification or one (1) one Referee Form with your passport sized photo.**

PHOTOGRAPHIC IDENTIFICATION	NON-PHOTOGRAPHIC IDENTIFICATION	REFEREE FORM
• National Identification Card • Drivers License • Employment ID • Passport • Superannuation ID • Student ID • Work Permit ID	• Birth Certificate • Confirmation Letter from Employer or School • Marriage Certificate • School Certificate (5 years validity) • Utility Bill	• Please complete the Referee Form (available from any Customer Service Officer) and attach a recent passport-size photograph.

SECTION K: CUSTOMER STATEMENT AND DECLARATION

Terms and Conditions (T&Cs) are available on our website and in our branches.

I confirm that the details I have provided are true and current, and replace any earlier details held by BSP. I consent to BSP processing and sharing my personal information (1) with credit agencies, BSP Group entities, regulators, and service providers, (2) to meet BSP's obligations in respect of sanctions, anti-money laundering, counter-terrorism financing and proceeds of crime; and with the United States Internal Revenue Service regarding the Foreign Account Tax Compliance Act (FATCA).

☐ Tax Compliance Act Consent. I consent to BSP disclosing my information under FATCA.☐ I/We request BSP to reactivate the above dormant account(s) and I/We certify that I/we are the owners of the account(s).

Primary Account Holder's Signature

Joint Account Holder's Signature

Date

DD / MM / YYYY

BANK USE ONLY

☐ I certify that the above details have been fully completed and verified. The customer's image, signature, and ID in the system have been confirmed. Due diligence has been performed in accordance with Bank's Policy.

CIF Number

Actioning Officer

Checking Officer

Date

DD / MM / YYYY