

**ACCOUNT REACTIVATION FORM**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**The Divisional Leader  
Operations Management Division  
State Bank of Mauritius Ltd  
State Bank Tower  
1, Queen Elizabeth II Avenue  
Port Louis  
Mauritius**

Dear Sir/Madam,

**RE: Activation of Dormant Account**

I/We undersigned, hereby request you to reactivate my/our account as detailed below:

**A/c Number** : \_\_\_\_\_

**Surname** : \_\_\_\_\_

**Other Names** : \_\_\_\_\_

**Address** : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

**National ID /  
Passport** : \_\_\_\_\_

**Email** : \_\_\_\_\_

**Phone – Please specify Country / Area Codes**

**Residence** : \_\_\_\_\_

**Mobile** : \_\_\_\_\_

Yours faithfully,

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

**Name of Customer:** \_\_\_\_\_

**Name of Customer:** \_\_\_\_\_

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*Note to Customer: The account will become dormant after the forthcoming end of month if no transaction is effected upon reactivation of the account and thereafter 1 year from your last transaction following reactivation.*

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**For Office Use Only (Tick as Appropriate)**

**Customer's KYC complete?**

**ID**

**Signature Verified**

**Proof of Address**

**Mode of Operation Verified**

**Bank Officer**

**COO / DL Approval**

**Name** -----

**Name** -----

**Signature** -----

**Signature** -----