



**ACCOUNT ACTIVATION REQUEST FORM**

Client Name (s) .....

ID/PPT/RegNumber .....

CDS Number: .....Client Code .....

Email Address ..... Phone Number .....

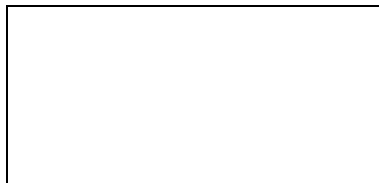
Reason(s) for Activation.....

.....

1<sup>st</sup> Signatory .....

2<sup>nd</sup> Signatory .....

Company Seal / Stamp



**OFFICIAL USE ONLY**

**MARKER - KYC VERIFICATION**

ID/PPT/Reg No.

Telephone No

Signature

Email Address

Photo

Other Comments .....

.....

Staff Name (full name) .....Date.....

Signature ..... Department .....

**APPROVAL:**

Staff Name (full name) .....

Signature .....Date.....