

ACCOUNT REACTIVATION FORM

Date: ____ / ____ / ____

The Manager
AfrAsia Bank Ltd
Port Louis
Mauritius

Dear Sir,

RE: Activation of Account

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

Account Name	_____	Account number/s	_____
Expected yearly - Turnover & Inflow of funds (in form of loans, sales products, capital injection, placement, investment) - Cash Transaction (Transaction in notes)	_____	Currency	_____
Registered Address	_____	Phone number	_____

Corporate Account

I/We hereby confirm that:

- (a) The Company is still active.
- (b) There has been no change of directors/ shareholders (including their KYCs), line of business and the initial business plan submitted has remained unchanged.
- (c) The Bank is authorised to update KYC records, if applicable, with the documents submitted herewith.

Personal Account

I/We hereby certify that:

- (a) The above information is true & correct.
- (b) The Bank is authorised to update KYC records, if applicable, with the documents submitted herewith.

Trust Account

I/We hereby confirm that:

- (a) The Trust is still valid
- (b) There has been no change of trusteeship/ settlor/ protector/ beneficiaries (including their KYCs), trust deed/ purpose of trust submitted has remained unchanged.
- (c) The Bank is authorised to update KYC records, if applicable, with the documents submitted herewith.

I/We authorize the bank to effect a reactivation and reversal of a 1-unit transaction on the account.

Yours faithfully,

Authorised Name(s)

Signature(s)