



# SDC FINANCE & LEASING COMPANY LIMITED

## Account Reactivation Form

ACCOUNT TYPE: Individual Account  Joint Account  In-Trust-For

Client Name

Post Address

Residential/  
Location

Phone #

Email

I/We confirm the request for the reactivation of my/our investment account with the details given above. I/We also agree to previous rules & regulation as well as conditions of service with respect to the relevant investment account.

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

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

(Joint Account only)

For office use only

KYC #

Client Account Number: \_\_\_\_\_ Client Account Code: \_\_\_\_\_

Officer in charge: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Officer Officer

\_\_\_\_\_  
Signature Signature

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