

SHIRIKA DT SACCO

FOSA DORMANT ACCOUNT REACTIVATION FORM

RE: REACTIVATION OF MY DORMANT/FROZEN/CLOSED ACCOUNT

I WOULD LIKE TO APPLY FOR REACTIVATION OF MY ACCOUNT, WHICH HAS BEEN DORMANT.

MEMBER DETAILS:

MEMBER NAME:..... ID NO:.....
MEMBERSHIP NO:..... STAFF NO.....EMPLOYER.....
P.O. BOX:..... CODE:.....
TELEPHONE NO:.....EMAIL:.....
SIGNATURE.....DATE.....

ACCOUNT DETAILS:

ACCOUNT NO.....
ACCOUNT TYPE.....
DORMANCY PERIOD.....
REASON FOR DORMANCY

REASON FOR REACTIVATION.....

Activation fee of 200/= to be charged.

FOR OFFICIAL USE ONLY:

PERIOD OF DORMANCY.....
INITIATED BY.....SIGNATURE.....DATE.....
APPROVED BY.....SIGNATURE.....DATE.....