

KINGDOM SACCO SOCIETY LIMITED

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DORMANT ACCOUNT ACTIVATION FORM

1 Member Details:				
1.1 Member No:	1.2 Member Name:			
1.3 ID/Reg. No:	1.4 Date Applied:			
2 Dormant Account A	Activation Details:			
I/We wish to activate my/o	ur Account No			
in the name of			I/we have not	
operated the account for	month (s) /y	ear (s)because		
I/we would also like to upo	late my/ our account with	my/our current deta	ils as follows:	
Details provided earlier		Update with	Update with:	
Kindly Note Applicable ch	arges will apply:	•		
Name:	Sign:	ID No:	Date:	
Name:	Sign:	ID No:	Date:	
Name:	Sign:	ID No:	Date:	
3 Official Section:				
Received By:	Signature:		Date:	
Verified By:	Signatu	re:	Date:	