



Faridi Savings And Credit Co-operative Society Limited

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DORMANT ACCOUNT ACTIVATION FORM

Please attach ID Copy

I /We the undersigned hereby apply to reactivate FOSA account with below details:

Name:

Account Number:

Member Number:

Identification Number:

Employer/Business Name:

Address P.O. Box:

Mobile Number:

Reasons for being dormant:

Customer official signature.....Date.....

KRA PIN.....

Contact Person Name.....Mobile Number.....

Signatories for group/Chama Accounts:

Name

Signature

1.

2.

3.

4.

FOR OFFICIAL USE ONLY

Original ID Seen

Copy Attached

Signature Verified

Received by.....Date...../...../20.....Signature.....

Activated by.....Date...../...../20.....Signature.....

Approved by.....Date...../...../20.....Signature.....

Receiving stamp

Declined Reason.....