



AIRPORTS SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

Your Growth, Our Strength

ACCOUNT REACTIVATION FORM

DATE:

The FOSA Manager,
Airports Sacco Limited,
P O Box 19001-00501,
NAIROBI.

Dear Sir/ Madam,

RE: REACTIVATION OF ACCOUNT NUMBER: ID No.....

I/We hereby request that my/our above account which is inactive / dormant be reactivated. The account has been inactive / dormant due to

.....
.....
.....

When reactivated, I/We shall ensure that the same is operated as per the Fosa's requirements.

Yours faithfully
Authorised signatory (ies) as per Fosa mandate

NAME: SIGNATURE: DATE:

NAME: SIGNATURE: DATE:

FOR OFFICIAL USE ONLY

Positively identified Yes No
Please attach copies of Identification documents used (Id Copy & KRA Pin Copy)

RECEIVED BY:..... SIGNATURE:..... DATE:

APPROVED BY:..... SIGNATURE:..... DATE: