



Please attach ID copy.

DORMANT ACCOUNT ACTIVATION FORM

I/ We the undersigned hereby apply to reactivate FOSA account styled as follows:

Name:

Account No:

M/No.....

My/ our particulars are detailed below.

ID No.....

Employer/ Business Name.....

Address
P.O. box.....

Telephone Number.....

Reasons for being dormant.....

.....

Customer official signature.....Date

KRA Pin.....

Contact person name.....Mobile no.....

For official use only

Received by.....

Approved by.....

Receiving stamp

Accepteddeclined.....