

MHASIBU SACCO SOCIETY LIMITED



The Sacco for professionals

ABSA Towers, 8th Floor

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P.O Box 31295-00600

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DORMANT/WITHDRAWN ACCOUNT ACTIVATION REQUEST FORM

I do hereby authorize Mhasibu Sacco to reactivate my account which has been dormant/inactive.

MEMBER DETAILS:

MEMBER NAME:

MEMBER NUMBER:

ID NUMBER:

Reason for Dormancy:

Reason for Reactivation:

MEMBER DECLARATION:

I confirm that the information given above is true and I authorize the Sacco to reactivate my account in accordance with the prevailing Sacco By-laws.

Member's Signature:

DATE:

N.B

i. Attach Copy of ID

ii. Pay the Ksh 3000 Re-joining Fees for members who had withdrawn from the Sacco.

FOR OFFICIAL USE ONLY:

	Name	Signature	Date
i. KYC Data & Mandate Captured By:			
ii. Checked By:			
iii. Reviewed By:			
iv. Approved by:			

Thank you for choosing us. Together we make the difference.