

REACTIVATION OF DORMANT/ CLOSED/ FROZEN ACCOUNTS FORM



ACK IMANI TALENT SACCO
 HEAD OFFICE: ACK Church of the Good Shepherd
 Nakuru Grounds, Opposite Assumption Center.
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SECTION 1: MEMBER DETAILS

Member Name:					Member No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ID/ PP No.:	(Attach Copy of ID)	KRA PIN:		Mobile No.:							
Email Address:											
Postal Address:				Postal Code:				Town:			
Current Employer/ Occupation:											

SECTION 2: ACCOUNTS FOR ACTIVATION

	ACCOUNT TYPE	ACCOUNT NUMBER
1.		
2.		
3.		

SECTION 3: REASONS FOR DORMANCY (WHAT MADE THE ACCOUNT DORMANT)

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SECTION 4: DECLARATION

I/We declare that all information provided as part of this application conforms to reality and assume full responsibility for its accuracy. I/We hereby authorize A.C.K. Imani Talent SACCO LTD to activate my dormant Account so that I/We can transact.

For Individuals:

Activation Fee Payable is Kshs. 500

Please attach a copy of the Identification Card

Applicant's Name:		Signature:		Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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For Groups and Corporate Accounts:

Activation Fee Payable is Kshs. 1,000.

Please ensure to attach the following:

CORPORATE/ INSTITUTION

- Memorandum and articles of association or constitution of the organization
- General meeting/Board Resolution authorizing application
- Copies of identified cards of authorized signatories
- Alterations countersigned

GROUPS/ CHAMA

- Minutes of the meeting resolving to join ACK IMANI TALENT SACCO
- Copies of identification cards of authorized signatories
- List of Group members
- Alterations countersigned

NAMES OF OFFICIALS/ DIRECTORS OF THE ORGANIZATION

	NAME	Position	Signature	Date
1.				
2.				
3.				
4.				
5.				

OFFICIAL USE ONLY

	NAME	SIGNATURE	DATE
Checked By:			
Confirmed By:			
Authorized By:			
Approved By:			
SACCO CEO			

AITS 98-REACTIVATION OF DORMANT/ CLOSED/ FROZEN ACCOUNTS