



SKYLINE SACCO SOCIETY LTD

P.O BOX 660-20103, ELDAMA RAVINE TEL 0717 594 338 / 0717 594 084 / 0705 450 369

Email: info@skylinesacco.com

Website: www.skylinesacco.com

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ACCOUNT ACTIVATION FORM

MEMBER/ORGANIZATION/GROUP/INSTITUTION DETAILS

FOSA Account No.

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Member/Organization/Business Full names:

Branch: Tel. No.: Email Address:

Postal Address: Postal Code: Town:

Business Location/Physical Address/Current Residence:

APPLICATION

To,
The Branch Manager
Skyline Sacco Society Ltd.

Dear Sir/Madam,

I/We confirm that I/we have not operated my/our above Account for the following reason:

.....
.....

I/We request you to activate my/our above account and update my/our communication address as per the address proof provided. (*Only applicable in case of change in communication address*)

Sincerely,

AUTHORIZED SIGNATORIES

| SN | Member/Signatory/Directors Full Names | ID/Passport No. | Telephone Number | Signature |
|----|---------------------------------------|-----------------|------------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

FOR OFFICIAL USE ONLY

Documents Checklist

[] Copy of ID(s)/Passport(s) [] Copy of KRA Pin(s) (Member) [] Copy of KRA Pin(Organization, Company)

APPROVAL

Checked by: Sign: Date:

Verified by: Sign: Date:

Official Stamp