



**KENVERSITY CO-OPERATIVE SAVINGS
AND CREDIT SOCIETY LIMITED**

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DORMANT ACCOUNT REACTIVATION FORM

Please reactivate my account, I have not been able to operate it for _____
month(s).

Name: _____

ID No./Pasport No. _____

MNO. _____

Mobile Phone No.-. _____

Reason for dormancy:-

I declare that I will regularize my account with effect from _____. I have attached
my National Identity Card/Passport.

Signature _____

Date _____

NOTE: Reactivation will be charged at Ksh. 200.

FOR OFFICIAL USE ONLY

Received by _____

Recommended/Not Recommended.

Authorized by _____

Approved by _____