



FOSA SECTION

DORMANT ACCOUNT ACTIVATION FORM

NAME.....

A/C NUMBER.....STAFF NO.....

ID/PP NO.....

REASONS FOR ACCOUNT TO BE DORMANT

.....

.....

.....

I HEREBY AUTHORIZE THE FOSA MANAGER TO ACTIVATE MY DOARMANT ACCOUNT SO THAT I CAN TRANSACT

SIGNATURE DATE.....

FOR OFFICIAL USE ONLY

REASON FOR ACTIVATION.....

DETAILS VERIFIED BY.....

SIGNATURE DATE.....