Mwalimu National

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ACCOUNT ACTIVATION FORM

INDIVIDUAL INFORMATION				
Date:				
Account Type:	Account Number:			
Last Name:	First Name:_		Middle Name:	
Identification Type: Passport	/ National Identity	(Please tick box) Passport	t/National ID Number:	
Postal Address:	Postal Code:	Town:		
Mobile Number:	Email Address:			
Reason why account has been d	ormant			
				_
				_
				_
				_
				_
	my personal data as de	scribed in this document l	consents to the collection, use and transfe by the Sacco for the purposes of processin onic or other form.	
Member's Signature:			Date:	_
FOR OFFICIAL USE ON	NLY			
Activated by:		Designation:	Signature:	
Approved by: :		Designation:	Signature:	