



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
 Email: info@apstarsacco.coop Website: www.apstarsacco.coop

BIZ CURRENT ACCOUNT OPENING FORM

Account No:

Full Name: ID/Passport No (Attach a copy)

Member No FOSA Account No

Employer's Name (If employed) Employer's Address

Designation Terms of Service - Permanent Temporary Contract

Work Station Box Town Tel:

Business Name

Nature of Business

Cell Phone No Email address

Declaration: I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the society and all relevant laws and regulations. I authorize the Society to make any necessary inquiries in connection with this application.

I Signature Date

FOR OFFICIAL USE ONLY

Account Opened by:

Name Signature Date

Checked/Approved by:

Name Signature Date