



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

STANDING ORDER REQUEST.

a) Full Names:.....

ID No:

Email Address:

Mobile No:

b) I hereby authorize your office to deduct from my (FOSA) savings Account to my (BOSA) Accounts as follows:-

- 1. Shares Kshs
2. Benevolent Fund (Mandatory). Ksh 400/=
3. Loans Repayments Kshs
4. Interest Kshs

With effect from the month ofYear.....

c) Kindly fill the following information (Tick appropriately)

- 1. Have you retired from service? Yes () No ()
2. Does your salary/pension pass through your (FOSA) savings Account? Yes () No ()
3. What is the purpose of this standing order form? (Tick appropriate action to be taken)
a). Change of pay point ().
b). Additional deduction to boost payslip deductions ().
c). New member deductions ().

Signature:..... Date:.....