



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

PERSONAL AND BUSINESS DECLARATION FORM

This declaration shall constitute a requirement at the discretion of the Society during credit appraisal, loan restructuring or repayment plan considerations

PART 1: MEMBER'S PERSONAL INFORMATION

Member's Name : Prof/Dr/Mr/Mrs/Ms ID/PP No
Date of Birth KRA Pin Mobile Tel
Postal Address: Current Home
Place of Birth: County Sub-County
Location Sub-Location Village
Physical Current Residential Address
Home: Owned, Rented or Other (Specify) Resident Since
Education Level No of Years in Employment :
Spouse: Name - Prof/Dr/Mr/Mrs/Ms Mobile Tel
Year or Birth: ID NO: KRA PIN
Spouse's Current Employer: P.O.Box Town

PART 2: EMPLOYMENT DETAILS (Only If Employed)

Name of Employer P.O. Box
Employer Tel No Designation P/No
Current Work Station P.O Box Town
Terms of Service - Permanent/Temp/Contract Contract Expiry/Retirement Date
Immediate former Employer: Name Payroll No

PART 3: BUSINESS INFORMATION

Name of the Business Registration No
Date Registered/Incorporated.....
P.O. Box Code Town OfficeTel
Mobile No Registered Office & Physical Location:
Website Office Email Address

Contact Person: Prof/Dr/Mr/Mrs/Ms Mobile No

Nature of Business:

Place of Business (Business Location)

Average Turnover p.m (Kshs) Current Stock Levels (if any)

PART 4: RESIDENTIAL ADDRESS (Where you live or reside)

Physical Address: Town Street/Road Estate House No

At present are you a Homeowner, Tenant, Living with Parents or Other* (Specify)

When did you move to your present Address?

If you have lived at your present address for less than 5 years, please give your previous address: Town

..... Street/Road Estate House No

Please give alternative contact persons' telephone numbers that we can use to contact you:

Name Mobile Tel No Email address

Name Mobile Tel No Email address

PART 5: ATTACH COPIES OF THE FOLLOWING WHERE APPLICABLE

- a) Personal: ID, KRA PIN and Tax Compliance Certificate. Also attach Spouse ID and KRA PIN.
- b) Business: Registration Certificate.
- c) If it is a Company, attach Current CR12 and Tax Compliance Certificate.
- d) Latest accounts or recordings, Companies to give audited accounts.
- e) Current business license/permit if any.
- f) Six months' Bank statements at Apstar SACCO **OR** 3 months at Apstar SACCO plus 3 months external.
- g) Pay Slip if Employed.
- h) A sketch map/direction of the business location or GPRS Coordinates
- i) Additional Information in case of Rental Income;
 - i. Proof of regular rental income
 - ii. Proof of ownership of the rental units
 - iii. Copy of Agency Contract (if any)
 - iv. Latest Electricity /Water Bill for the property
 - v. Property Search Report stamped by authorized mandate.

PART 6: DECLARATION BY MEMBER

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 the above information.

Signature Date