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Email: info@apstarsacco.coop Website: www.apstarsacco.coop

FOSA LOAN CLEARANCE/REDUCTION FORM

The FOSA Manager,

Date _____

Apstar Sacco Society Limited,

_____ Branch.

Name: _____

ID/No. _____ Postal Address _____ Telephone No _____

Email: _____ Applicant's signature _____

Source of funds _____

Kindly use Kenya Shillings _____

Amount in words (Kshs) _____

To: Reduce Clear

Fosa Advance Uhuru Mahitaji Bima Fahari Others

Debit my / our account No. _____ with the full cost.

FOR OFFICIAL USE

| CUSTOMER CARE OFFICER | BRANCH MANAGER | OPERATIONS OFFICER |
|-------------------------|--------------------------|----------------------------|
| Confirm Account Name: | Confirm source of funds: | Account Details: |
| Photo: | Account Details: | Amount Transferred (Kshs): |
| Signature: | Amount Available (Kshs): | |
| Amount Available (Kshs) | REMARKS: | Date: |
| RECEIVED BY: | APROVED BY: | PAID BY: |
| SIGN: | SIGN: | SIGN: |
| DATE: | DATE: | DATE: |