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## MEMBER'S CONSENT FORM

The Chief Executive Officer  
Apstar Sacco Society Limited  
P.O Box 44071  
NAIROBI

### **RE: CONSENT TO COLLECT / DELIVER SACCO PARTICULARS**

MEMBER'S NAME: \_\_\_\_\_ TEL NO \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_ ID NO: \_\_\_\_\_

BRANCH NAME \_\_\_\_\_

I authorise my branch official Mr/Mrs \_\_\_\_\_ to collect/deliver the following SACCO documents/forms on my behalf:

- ATM Card
- ATM Pin
- Loan Application Form
- Apstar Kash Application Form
- Mobile Pin Reset Form
- A/C Statement
- Any Other \_\_\_\_\_

### **REASON FOR DELEGATING**

\_\_\_\_\_

\_\_\_\_\_

I will take full responsibility if the above documents get lost, misplaced or misused before proper delivery. This consent remains valid unless cancelled in writing.

**Member's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

### **OFFICIAL USE**

Received by:

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_