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

PIN REPLACEMENT FORM

Name:	ID/Passport Number
Account number:	Mobile no.
Email Address:	

Card no: _____

COLLECTION POINT/BRANCH _____

Lost PIN
 Forgot PIN
 Other Specify _____

I hereby agree that as long as FOSA acts in compliance with this Authorization, FOSA shall be irrevocably and unconditionally indemnified and held harmless in full by me against any costs, claims, losses or liabilities of any nature (direct or indirect or consequential) resulting from any act or omission in connection with the subject of this Authorization, including but not limited to any act or omission (or any delay) on FOSA's part in responding to instructions received by FOSA.

Signature: _____ Date: _____

Verified by:

Name: _____ signature _____ date _____

Authorized by

Name _____ signature _____ date _____