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

BANKERS CHEQUE APPLICATION FORM

Date _____

The FOSA Manager,

Apstar Sacco Society Limited

_____ Branch

Kindly issue me /us with a banker cheque for Kshs in figures _____

Kshs. in words _____

In the name of _____

Please debit my / our account No. _____ with the full cost.

Full Name of Applicant(s) _____

ID/No. _____ Postal Address _____

Email: _____ Telephone No _____

Purpose of Payment _____

Source of funds _____

Applicant's signature _____

OFFICIAL USE

CUSTOMER CARE OFFICER	BRANCH MANAGER	OPERATIONS OFFICER
Confirm Account Name:	Confirm source of funds:	Account Details:
Photo:	Account Details:	Cheque Amount (Kshs):
Signature:	Amount Available (Kshs):	Cheque No.
Amount Available (Kshs)	REMARKS:	Date:
OFFICER'S NAME:	OFFICER'S NAME:	OFFICER'S NAME:
SIGN:	SIGN:	SIGN:
DATE:	DATE:	DATE: