REF NO. ASCCS/F/FOSA/024



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000, +254 0111035600.

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

APSTAR CASH MOBILE APPLICATION FORM

(Please complete the details in capital letters)

	Reference No. MSAC
Full Names:	
Applicant's ID/ Passport No(N	MUST ATTACH COPY OF ID / PASSPORT)
Membership / Personal Number:	Employer:
FOSA Account No.	Email:
Safaricom Cell Phone Number:	(MPESA REGISTERED NUMBER)
Other Registered Cell phone numbers that can deposit mone	ey into my account:
1 2	3
Applicant's Address:	
P. O. Box:	Town:
Office Tel: House Tel	l:
Declaration by the SMS APSTAR CASH applicant:	
I/ we authorize Apstar Sacco to issue me with M-Kash cre is true and complete. I/we authorize the Society to ma application. I / we accept and agree to be bound by the cond	ake any necessary enquiries in connection with the
I/we agree that I/we am / are liable for all charges incurred Apstar Sacco against all losses that they incur as a result Apstar Sacco reserves the right to decline the application w	t of my /our use of the facility. I/ we understand that
Applicant's Signature(s):	Date:
For Official Use:	
Verified by: Signature:	Date:
Input by: Signature:	Date:
Approved by: Signature:	Date:

Issue Date: March 2024 Revision 01 Page 1 of 1