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FIXED DEPOSIT APPLICATION FORM

TYPE OF DEPOSIT: ORDINARY FLEX HIFADHI

Date _____

Name.....

ID/No..... KRA PIN Number

P/No.....Employer.....

Postal Address.....Telephone No.....

Email Address.....

Amount to be Fixed: Figures Kshs

Amount in Words

Duration

Transfer from Savings Account

Source of Funds

Signature & Date

FOR OFFICIAL USE:

Account No allocated.....

Rate of interest per annum.....

Maturity date.....

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