



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000, +254 0111035600.
Email: info@apstarsacco.coop Website: www.apstarsacco.coop

JUNIOR ACCOUNT OPENING FORM

PASSPORT PHOTO

PASSPORT PHOTO

GUARDIAN'S NAME.....
GUARDIAN'S ACCOUNT NUMBER
EMPLOYER STATION.....
PERSONAL NUMBER ID NO.
ADDRESS CODE.....TOWN.....
EMAIL ADDRESS.....
TELEPHONE (OFFICE) MOBILE NO.
COUNTY
CHILD'S NAME
DATE OF BIRTH (Attach birth certificate)

FOR OFFICIAL USE

JUNIOR ACCOUNT [grid]

ACCOUNT OPENED BY: SIGNATURE.....
APPROVED BY: NAME SIGNATURE.....



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RULES FOR JUNIOR ACCOUNT

1. Any person opening Junior Savings Account is deemed to have read, understood and be bound by the rules governing the conduct of the account.
2. The account shall remain active
3. The guardian shall be a member of Apstar DT Sacco
4. The minimum balance shall be maintained at all times.
5. Interest rates shall be reviewed regularly in order to remain competitive in the market.
6. Change of address shall be notified to FOSA in writing.
7. Change of authorized persons shall be notified to FOSA in writing