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

SACCOLINK CARD REPLACEMENT FORM

Date: _____

(PLEASE COMPLETE DETAILS IN CAPITAL LETTERS)

Branch: _____ Date: _____

Surname _____

First name _____

Middle name _____

Applicant's ID No. _____ Mobile No. _____

Account Number: _____

Card No. _____

Reason for replacement (*tick as appropriate*)

- LOST
- STOLEN
- DAMAGED
- FAULTY
- EXPIRED
- OTHER: SPECIFY _____

CONDITIONS GOVERNING CARD REPLACEMENTS

I hereby agree that as long as the FOSA acts in compliance with this Authorization, the FOSA shall be irrevocably and unconditionally indemnified in full by me against any costs, claims, losses or liabilities to any nature (direct or indirect) 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 the FOSA's part in responding to instructions received by the FOSA.

Applicants Signature (s): _____ Date _____

For official use

Sacco: Verified by: _____ Approved by: _____

Date: _____ Sacco Stamp _____

NB: Please ensure to collect your card within a period of three (3) months