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

APSTAR KASH MOBILE APPLICATION FORM

(Please complete the details in capital letters)

Reference No. MSAC.....

Full Names:

Applicant’s ID/ Passport No.(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 money into my account:

1. 2. 3.

Applicant’s Address:

P. O. Box: Code: Town:

Office Tel: House Tel:

Declaration by the SMS APSTAR KASH applicant:

I/ we authorize Apstar Sacco to issue me with M-Kash credentials and warrant that the information given above is true and complete. I/we authorize the Society to make any necessary enquiries in connection with the application. I / we accept and agree to be bound by the conditions of use (as amended from time to time).

I/we agree that I/we am / are liable for all charges incurred through the use of this service. I/we hereby indemnify Apstar Sacco against all losses that they incur as a result of my /our use of the facility. I/ we understand that Apstar Sacco reserves the right to decline the application without giving reasons to the extent permitted by law.

Applicant’s Signature(s) : Date:

For Official Use:

Verified by: Signature: Date:

Input by:..... Signature: Date:

Approved by: Signature: Date: