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

MEMBER'S CONSENT FORM

The Chief Executive Officer
Apstar Sacco Society Limited
P.O Box 44071
NAIROBI

RE: CONSENT TO COLLECT / DELIVER SACCO PARTICULARS

MEMBER'S NAME: _____ TEL NO _____

ACCOUNT NO: _____ ID NO: _____

BRANCH NAME _____

I authorise my branch official Mr/Mrs _____ to collect/deliver the following SACCO documents/forms on my behalf:

- ATM Card
- ATM Pin
- Loan Application Form
- Apstar Kash Application Form
- Mobile Pin Reset Form
- A/C Statement
- Any Other _____

REASON FOR DELEGATING

I will take full responsibility if the above documents get lost, misplaced or misused before proper delivery. This consent remains valid unless cancelled in writing.

Member's Signature: _____ **Date** _____

Branch Official Sign: _____ **ID NO.** _____

Branch: _____ **Position** _____

OFFICIAL USE

Received by:

Name: _____ Sign: _____ Date: _____