



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

CERTIFICATE REPLACEMENT FORM

This to certify that; Dr/Mr./Mrs./Miss/Ms

ID No.....PNo.....

Mobile No. P.O Box

Is a registered owner ofshares of 20/= each in;

- 1) Apstar DT Sacco Society Ltd.
- 2) Nairobi L.R. 209/5003 Ukulima Co-operative House/Headquarters

And has been issued Certificate No Dated.....

Reason(s) for the Issue – New Purchase Sale Replacement Next of Kin

Head Dividends To Confirm Signature Date

Audited By.....Signature Date

SIGNATORIES

.....

Authorized Signatory

.....

Authorized Signatory

.....

Authorized Signatory

THIS _____ **DAY OF** _____ **YEAR** _____