



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

MEMBERSHIP WITHDRAWAL FORM

Member's Name.....P/No.....

Employer ID No.....

Mobile No.....Email address.....

Postal Address Code.....

I hereby give the Sacco60 days' notice of my withdrawal of membership with effect from (Date).....

(a) Reasons for withdrawal (State briefly)

(b) I have worked in the following work stations up-to-date.

Table with 3 columns: Year, Station, Branch / County. Contains three rows of dotted lines for data entry.

Signature Date.....

PART II BRANCH ENDORSEMENT

I hereby confirm that the above applicant comes from the branch

Name of branch.....

Branch officials' Names Position

Signature Date

PART III BISUNESS DEVELOPMENT AND MARKETING



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

The Member sensitization has been conducted and I confirm that the member has been advised accordingly.

Member Feedback

Signature Date

PART IV HEAD REFUNDS

I confirm that this member will not have outstanding liability after processing of this withdrawal

Signature Date

PART V HEAD DATA

I confirm that stoppage of deductions has been effected in the month of

SignatureDate

Please attach copies of ID/Card, latest pay slip and retirement letter for retired officers.