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**SPOUSE & CHILDREN DETAILS FORM**

**PART 1 - MEMBER'S DETAILS**

Member's/Contributor's Name .....

Gender ..... ID No. .... Payroll/No .....

Employer ..... Work Station..... Apstar Branch .....

Address .....

**PART 2 - SPOUSE'S DETAILS**

Spouse's Name ..... Gender ..... ID No .....

**PART 3 - CHILDREN DETAILS**

	Name	Gender	Age (Yrs)	ID No (If over 18)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**PART 4- DECLARATION BY MEMBER**

I hereby declare that the information I have given above as regards my spouse and children is true to the best of my knowledge. I hereby authorize Apstar Sacco to use the same should need arise.

Member's Signature ..... Date .....

**PART 5- BRANCH OFFICIAL TO COMPLETE**

Witnessed by (Name) ID No ..... Payroll No .....

Branch ..... Position in Branch Office .....

Signature ..... Date .....