



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

DIVIDEND CAPITALIZATION FORM

Member’s Name.....P/No.....

Employer National ID No.....

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

Postal Address Code.....

I would like to capitalize my Interest/ Dividend for the;

- a) The year ended 31st December _____
- b) Every succeeding year

Please credit my: Shares Capital Deposits Loan

As per the instructions here below and advise me accordingly.

- 100% of dividend and interest rebates
- 50% of dividend and interest rebates
- Any other percentage (*specify*) _____

Signature _____ Date _____

For Official Use Only

Authorized by _____ Signature _____ Date _____

Action taken by _____ Signature _____ Date _____