



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



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PART III BUSINESS DEVELOPMENT AND MARKETING

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.