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ERRONEOUS REFUND/DIVIDEND CLAIM FORM

Member's Name.....P/No.....
Employer National ID No.....
Mobile No.....Email address.....
Postal Address Code.....

PART I: THE NATURE OF YOUR CLAIM

(Please tick the Appropriate Box: (Attach Relevant Pay slip))

Loan : Month..... Year.....
Interest : Month..... Year.....
Deposits : Month..... Year.....
Benevolent Fund : Month..... Year.....
Unpaid Dividends Year(s).....
Others (Specify).....

PART II ACTION REQUIRED

- a) Pay me ()
b) Reduce Loan ()
c) Credit to Deposits ()
d) Credit to Share Capital ()

Member's signature:Date.....

NB: All payments shall be done through FOSA Accounts