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## MEMBERSHIP APPLICATION FORM

PASSPORT

PHOTO

Membership Category: Full Member  FOSA Banking Service Member  Re-joining

**Requirements;** 1. Copy of National ID or Valid Passport. 2. Passport Size Photos. 3. Pay slip (If any).

### Part 1: Applicant's Details

Full Name: ..... Cell Phone (Self) .....  
 Postal Address ..... Date of Birth/dd/mm/yy .....  
 Marital Status ..... Gender ..... ID/Passport No ..... KRA Pin .....  
 E-mail .....  
 County ..... Sub-County ..... Ward ..... Village .....  
 Contact Person: Name ..... ID/No ..... Relationship .....  
 Mobile Phone No. .... Postal address .....  
 Home Address: P. O. Box ..... Postal Code ..... Town .....  
 Apstar Electoral Branch .....

### Part 2: Employment Details (To be completed by an employed applicant)

Employer ..... Postal Address ..... Email address .....  
 Position in Employment ..... Current Work Station ..... Tel .....  
 Date of Appointment ..... Gross Monthly Income (Kshs) ..... Payroll No .....

### Part 3: Sources of Income

Salary  Pension  Business  Others  Specify) .....

### Business Details (to be completed by a self-employed (business) applicant)

Business Name ..... Nature of Business .....  
 Reg No ..... Business Postal Address ..... Telephone No .....  
 Approx. Monthly Income (Kshs) ..... Business Physical Location .....

### Part 4: Proposed Monthly Contributions

Deposits (Subject to minimum) Kshs. ...., Benevolent Fund (Mandatory as Set), Others(specify) Kshs .....  
 Mode of Remittance - Check Off- , Cash- , Standing Order-FOSA/M-Pesa- , Standing Order-Bank-   
 Other (Specify) ..... Effective Date (dd/mm/yy) .....

### Part 5: Front Office Savings Activity (FOSA)

- **FOSA Savings Account (Mandatory Requirement)** -The Society should open for me a FOSA Account and remit all sums of money that may become due to me in any respect through the said account. I undertake to abide by the rules governing operations of the Account.
- **ATM Card** :I do Authorize  Not Authorize  Apstar Sacco to issue ATM card to my account.  
**Note:Joint signatories'Accounts will not be issued with SaccoLink (ATM) Card.**
- **Mobile Banking:** I do Authorize  Not Authorize  Apstar Sacco to register my FOSA account for Mobile Banking services and issue me with relevant credentials. Use my Safaricom Cell Phone Number: ..... (**Mpesa Registered Number**). Other registered cell phone numbers that can deposit money into my account are:  
**1.** ..... **2.** ..... **3.** .....

**Declaration:** I accept and agree to be bound by the terms and conditions of use (as may be amended from time to time). I agree to be liable for all charges incurred through the use of this service. I hereby indemnify Apstar Sacco against all losses that they incur as a result of my use of the facility. Apstar Sacco reserves the right to decline M-Sacco or ATM card application without giving reasons to the extent permitted by law.

**Part 6: Mandate and Declaration**

I also Mandate Mr/Mrs/...../..... ID No ..... as an authorized Signatory - Specimen

Signature--

New Member's Signature (Specimen) --

**Part 7: Nominee Information** - This is Confidential Information to be submitted separately vide a Next Of Kin Form.

**Part 8: Referee** (To be filled by the Member/Person introducing the applicant)

I ..... ID No ..... Mobile ..... P.O.Box .....  
hereby confirm that the applicant Mr./Mrs./Ms/...../ ..... has been known to me for  
..... years ..... months. He/she is capable of independently operating an account as a member of Apstar Sacco Society Ltd.  
He/she is my Wife/ Husband/ Son/ Daughter/ Friend/Colleague/.....).

Referee's Signature ..... Date .....

Recruited By; Branch Official/Member/Marketing Representative/staff Name.....

**PART 9: DECLARATION BY THE APPLICANT**

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agree to abide by the by-laws of the society and all relevant laws and regulations. I authorize the Society to make any necessary inquiries in connection with this application.

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

**FOR OFFICIAL USE ONLY**

**Part 10: Customer Care**

MAP Number ..... Membership Number ..... Applied by (Name & Signature) .....

Reasons (If any) for not approving the application .....

Approved by Name .....Signature ..... Date .....

**Part 11: Mobile Banking Registration and ATM Application**

Verified: Name .....Signature& Date ..... Approved: (Name) ..... Signature& Date .....

**Part 12: Data Office:** Data effected .....Processed by (Name) .....Sign &Date .....

Deduction to commence (Date) .....Signed.....

**Part 13: Registry**

File Opened on .....Signature & Date .....

Checked by (Name) .....Signature & Date .....

**Part 14: Mandatory Requirements:**

- a) Full Membership Fee (1,000/-), Minimum Deposit Contribution (3,100/- p.m), Benevolent Fund (400/- p.m) and Re-joining Fee (2,500/-) as may be reviewed from time to time by the Board of Directors.
- b) FOSA Banking Service Member: Membership Fee (500), No Deposits, No Benevolent Fund

**Basic Membership Eligibility Requirements: One Must -**

- (a) Have attained the age of 18 years (b) Be of good character and sound mind (c) Pay the entrance fee and share capital as prescribed in the Society's by-laws (d) Be an individual or employee of bodies or agencies as approved by the Board of Directors (e) Not belong to another Sacco Society having similar objects or common bond (f) Not directly or indirectly be a money lender, cash daily collector or carrying out such activities detrimental or in competition to the objectives of the Sacco.