


UN SACCO
Your Financial Anchor

SHARE CAPITAL TRANSFER

 Date:

D	D	M	M	Y	Y	Y	Y
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Transferor Details

I _____ (Full Name)

Member No.: _____ Agency: _____ ID/passport _____

E-mail Address _____ Cell Phone Number _____

I authorise the transfer of my Share Capital of KES (figures) _____

(amount in words) _____

Recipient Details

To _____ (Full Name)

Member No.: _____ Cell Phone No.: _____

E-mail Address: _____

Transferor Authorisation

Name _____ ID/Passport No.(attach copy) _____

 Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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- This form should be sent back together with an ID/Passport Copy.
- Continuing members must retain at least KES. 50,000 share capital.

FOR OFFICIAL USE ONLY

SACCO: Input by:-----Sign:-----Date:-----

Approved by:-----Sign:-----Date:-----