



**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: \_\_\_\_\_

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:-----