

## **ELECTRONIC FUNDS TRANSFER (EFT) FORM)**

| Date://20   |                          |                                    |
|---|--------------------------|------------------------------------|
| I   |                          | _ hereby authorize you to transfer |
| Kshs (figures)  | In words                 |                                    |
|   |                          | Only                               |
| From: FOSA Account Number:                            |                          |                                    |
| Purpose of transfer (attach supporting docs)          |                          |                                    |
|   |                          |                                    |
| Beneficiary account details:                          |                          |                                    |
| Account Name:   |                          |                                    |
| Account Number:                                       |                          |                                    |
| Bank Name:  |                          |                                    |
| Account Currency:                                     |                          |                                    |
| Physical Address of Beneficiary:                      |                          |                                    |
| Contact of Beneficiary:                               |                          |                                    |
| Mandatory details for international/ cross boarde     | er transfers.            |                                    |
| IBAN Number/ Swift Code:                              |                          |                                    |
| Routing Code:   |                          |                                    |
| I confirm all details are true, verified, and correct | t.                       |                                    |
| National ID/PPNo.:                                    | (attach copy). Tel -1 No | .:                                 |
| Tel-2 No.:  | Email:                   |                                    |
| Signature:  | Date:                    |                                    |
| FOR OFFICIAL USE ONLY                                 |                          |                                    |
| Account balance Kshs:                                 | Source of Funds:         |                                    |
| Processed by:   | Signature:               | Date & Time:                       |

Please turn over for binding terms and conditions.

## **TERMS & CONDITIONS**

- 1. This application is considered valid only when received in original hard document by the SACCO except where the member has deposited an indemnity & guarantee with the SACCO.
- 2. Third party transfers requests shall be to accounts within Kenya only.
- 3. Third party transfers will need documentational support of the purpose for the transfer.
- 4. Incomplete forms shall not be accepted nor acted upon.
- 5. Where amount requested falls short due to the transfer fees, the SACCO shall transfer the available amount less the fees. The transfer fees are as stipulated in our tariff guide.
- 6. The amount in figures must match the amount in words. Any errors/ discrepancies shall disqualify the application.
- 7. The amount to be transferred should be indicated in Kenya shillings (Kshs)
- 8. Where a member desires the amount to be transferred in any other currency, this must be indicated in the provided space. The SACCO shall use the prevailing rate as supplied by the intermediary bank for conversion of the currency.
- 9. Members requesting transfers in other currencies are advised to limit their requests to the major world 'hard' currencies like USD, UK pound, Euro. The SACCO cannot guarantee conversion in any other currencies.
- 10. The SACCO shall take all necessary steps to verify the authenticity of the request. Where the verification is not satisfactory, or the member cannot be reached to verify, the SACCO may not proceed or will delay the transfer until such a time that proper verification is realized. The SACCO shall contact the member on the last updated contacts as per our records.
- 11. The SACCO shall not be liable for any errors filled by the member in account number, names, amounts or any other information which may lead to delay, misdirection, sending errors or rejections of the transfer.
- 12. In line with the anti-money laundering controls, the SACCO reserves the right to question any amounts being transferred through her system.
- 13. The turnaround time on the transfers shall be in accordance with our customer service charter. All transfers shall however be initiated in the morning hours. Transfer requests received in the afternoon shall be deemed to have been received the next working day.
- 14. While the SACCO endeavors to deliver the service within the stipulated timelines, there shall be no liability to the SACCO where delays are caused by system failures, unexpected interruptions in business, and other factors beyond the SACCO control.
- 15. That Unless I instruct The Society on the contrary, The Society is authorized, but not obliged, to act on my banking instructions transmitted through email or facsimile service. I release The Society from any liability, indemnify and hold The Society harmless from and against all actions, suits, proceedings, costs, claims, demands, charges, expenses, losses and liabilities however arising, in consequences of or in any way related to: -The Society having acted in good faith in accordance with my written email or facsimile instruction(s), notwithstanding that such instruction(s) may have been initiated or transmitted in error or fraudulently altered, misunderstood or distorted in the lines of communication or transmission. -The Society, having refrained from acting in accordance with my written, telephone, email or facsimile instructions by reason of failure of actual transmission thereof to; The Society or receipt by The Society for whatever reason, whether connected with fault, failure or sending or receiving machine not being ready. -My failure to forward all original copies of facsimile telephone or email instruction(s) to The Society within 48 hours.

| I have read, accept, an | d commit to abide b | y the terms and | conditions. |
|-------------------------|---------------------|-----------------|-------------|
|-------------------------|---------------------|-----------------|-------------|

| Sign:  | Date: |
|--------|-------|
| 51g/1: | Bate. |