SOS SACCO

0731 005 723 | 0721 215 567 info@sossacco.com P.O BOX 40653 – 0010 NAIROBI ,KENYA

SHARES TRANSFER FORM

The Chairperson
SOS SACCO LTD, Nairobi

I.....(Full Names as they appear on ID)

M/NO…….. **ID NO** …… **OFFICIAL DESIGNATION** .....

STATION & ADDRESS ……

MOBILE PHONE NO..... **E-mail Address:** .....

Hereby make an application to transfer my **SOS Sacco** shares worth Kes..... to the below undersigned member. I have made an official withdrawal from Sacco giving 60 days' notice.

…… ……

DATE **SIGNATURE OF TRANSFEROR**

TRANSFEREE

I.....(Full Names as they appear on ID)

M/NO…….. **ID NO** …… **OFFICIAL DESIGNATION** .....

STATION & ADDRESS ……

MOBILE PHONE NO..... **E-mail Address:** ……

Apply to purchase the above shares and receive the benefits arising thereof; please find enclosed a cheque /bank deposit slip of Kshs ……/ MPESA REF……..

…… ……

DATE **SIGNATURE OF TRANSFEREE**

WITNESS

Name……..**M/No**……**ID No**……..**CELL**……._____

FOR OFFICIAL USE ONLY

ACTIONED BY …… APPROVED BY……

OFFICIAL'S SIGNATURE …… DATE ……