## KENVERSITY CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED SERIAL NO:.....

## SHARE CAPITAL TRANSFER FORM TO BE FILLED IN TRIPLICATE

## NOTE:

UPON APPROVAL OF THIS REQUEST BY THE BOARD OF DIRECTORS, THE SHARE CAPITAL HEREIN MENTIONED AND ANY BENEFITS THEREFROM SHALL HENCEFORTH ACRRUE TO THE TRANSFEREE.

(A) P	ERSONAL DETAILS OF THE T	RANSFEROR (OWNER	₹ <u>).</u>	
1. N	ame (In full)			
2. M	Iember Number	P.F.I	NO:	
3. I.	D NO./PASSPORT NO. (Attach a	a copy)		••••
( <u>B) A</u>	<u>UTHORIZATION</u>			
I her	eby transfer my share capital of	Ksh (in w	ords	]
to the	e following member.			
1. N	ame (In full)			
2. M	lember Number	P.F.I	NO:	
3. I.I	NO./PASSPORT NO. (Attach a	copy)		••••
Sign	ed by Transferor (Owner): Na	me	Sign	Date:
Sign	ed by Transferee (Recipient) I	Name	Sign	Date:
(C). <u>1</u>	WITNESSED BY:			
(i)	Name Date: Date:			
(ii)	NameI.D. NO		Date:	
<u>OFF</u>	ICIAL USE ONLY			
REC	EIVED BY BOSA ACCOUNTAN	<b>r:</b> NAME:	SIGN:	DATE:
	IFIED BY: SENIOR ACCOUNTA		J: DA	Tr.
			DA	1 E
-	CKED BY: INTERNAL AUDITO		J: DA	TE:
	ROVED/NOT APPROVED BY: C		•	
App	roved by Board Minute No.		Date:	•••••
TRA	NSFER EFFECTED BY: BOSA	ACCOUNTANT		
NAM	r.	SIGN	$D\Lambda TF$	