



Safaricom Sacco
LIMITED

Safaricom Sacco FOSA Internal Funds Transfer

Date	____/____/____ <i>dd mm yyyy</i>
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FROM	
Account Name	<i>Name(s)</i>
Account Number	
Staff Number	
Amount in Figures *	
Amount in Words *	
TO	
Account Name	<i>Name(s)</i>
Account Number/	
Staff/Member Number	
Amount in Figures *	
Amount in Words *	

Applicant(s) Declaration

I/We hereby authorize Safaricom Sacco Ltd to debit my/our above-mentioned account in FOSA and credit the specified amount to the account/card number provided by me/us. I/We understand that the debits and credits will be as per the account/card mandate specified above and will be effected within a day after the date of receipt of this application by Safaricom sacco Ltd. Application for the same day transfer shall be made, at Safaricom Sacco Ltd's discretion, subject to receipt of the application prior to the relevant cut-off time as determined by Safaricom Sacco Ltd. By signing this application, I/we, (a) agree having read and understood this declaration and agree to be bound by it; (b) warrant and confirm that all information provided in this application is true, correct and complete;(c) may be required to provide the Sacco with additional information in relation to this application prior to the processing this request; and (d) acknowledge that this application is subject to Safaricom Sacco Ltd's terms & conditions governing Personal Account.

Applicant Signature(s)

Signature(s) with Company Stamp for Business Customer

* The fields 'Amount in Figures' and 'Amount in Words' should be filled once - either in the FROM or in the TO section.

FOR OFFICIAL USE				
BRANCH	DELIVERY	RECEIVED	MAKER	APPROVER
	HAND DELIVERY	Name:	Name:	Name:
	EMAIL COPY	Sign	Sign	Sign
		Date:	Date:	Date: