

Funds Transfer Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED



A: SENDER INFORMATION...

Name of Account/ Member Name: Member No:

Telephone No: eMail Address:

Postal Address: Code: County: Country:

Amount in Figures:

Amount in Word:

B: BENEFICIARY (RECIPIENT) INFORMATION...

Account Name (As Per Bank):

Bank Name: Bank Branch:

Bank Account No: Swift Code:

Special Instructions:

C: APPLICANT AUTHORIZATION...

By signing below, I authorize Safaricom SACCO Limited to execute the above fund's transfer in accordance with the Terms and Conditions for fund Transfers.

Authorized Signature: Date:

2nd Authorized:
Signature
(Where Applicable) Date:

D: REQUIREMENTS...

1. Copy of bank details (canceled cheque, ATM **front page only** card copy or bank statement)
2. For transfer to Third-party share a copy of either a contract, a sale agreement, a proforma invoice, or evidence of shareholding.
3. Any Cancellation on the form is not allowed.