

FOSA INTERNAL FUNDS TRANSFER

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



Date:

FROM

Account Name:

Account No: Member / Staff No:

Amount in Figures:

Amount in Words:

TO

Account Name:

Account No: Member / Staff No:

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 Signatures:

Signature(s) with Company Stamp for Business Customer

FOR OFFICIAL USE ONLY

Branch:

Delivery Mode: Hand Delivery eMail

Received:
Name Signature Date

Maker:
Name Signature Date

Approver:
Name Signature Date