

SHARES TRANSFER FORM

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



The Chief Executive Office
Safaricom SACCO Ltd
Nairobi

TRANSFEROR

Full names as they appear on ID/PP

I Staff No:

ID No Passport No Designation:

Department: Branch:

Present Workstation & Postal Address:

Mobile No: eMail Address:

Hereby make an application to transfer my **Safaricom SACCO** shares worth KShs.

To the below undersigned member. I have made an official withdrawal from SACCO giving 90 days' notice.

Date: DD MM YYYY Transferor Signature:

PS: PLEASE NOTE THAT YOU CANNOT TRANSFER YOUR SHARES AND REMAIN A MEMBER OF THE SOCIETY

TRANSFEEE

Full names as they appear on ID/PP

I Staff No:

ID No Passport No Designation:

Department: Branch:

Present Workstation & Postal Address:

Mobile No: eMail Address:

Apply to purchase the above shares and receive the benefits arising thereof; please find enclosed a: Cheque Bank Slip
of KShs.

Date: DD MM YYYY Transferee Signature:

FOR OFFICIAL USE ONLY

Actioned By Signature DD MM YYYY Date

Approved By Signature DD MM YYYY Date