

NASS SACCO LIMITED

P.O Box 40200-1020, KISII
Email: nasscoop@gmail.com

DEPOSIT TRANSFER FORM

TRANSFEROR (SELLER)

The Manager,
Nass Sacco Limited,
KISII.

I (Full names)
I.D Number Member Number.....
Phone Number Email Address
Postal Address

Hereby make my application to transfer my Nass Sacco shares /Deposits worth Ksh..... to the below undersigned member. I do acknowledge that after successful transfer of my shares/deposits I will cease to be a member and abide with all the policies governing share /deposits transfer and incase of rejoining the Sacco, I will contribute afresh the minimum set share capital as per the by-laws of the society.

.....
Date **Signature of the transferor**

TRANSFeree (BUYER)

I (Full names)
I.D Number Member Number
Phone Number Email Address
Postal Address

Hereby apply to purchase the above shares and receive the benefits arising thereof.

.....
Date **Signature of the transferee**

FOR OFFICIAL USE ONLY

Registered and confirmed by (Manager/Accountant)
Date.....
Authorized and approved by (Treasurer) Date
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NOTE: Deposit transfer fee of 1% shall apply.
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