



UKRISTO NA UFANISI DT SACCO LTD
 — Tufanikiwe Pamoja —

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FUNDS TRANSFER FORM

Branch: **Date:**

I\We of member number:

hereby wish to transfer Ksh. (amount in words)

from account number: to account number:

A transfer charge of Ksh.240 will apply (Deducted from member savings).

Kindly effect the transfer.

MEMBER NAME		SIGNATURE
1.		
2.		
3.		
4.		

FOR OFFICIAL USE ONLY

Received by (Customer Care): **Sign:**

Date:

Comment:

Received by (Credit Officer): **Sign:**

Date:

Comment: