



# UKRISTO NA UFANISI SACCO LTD



SAVING & CREDIT CO-OPERATIVE SOCIETY LTD.  
P.O Box 872 00605 NAIROBI

## TRANSFER OF ACCOUNT FROM ONE BRANCH TO OTHER

**Date:** .....

I/we.....of ID.....and a  
Member of the Sacco membership no .....hereby request you to transfer my/our  
account maintained with.....branch to .....branch.

**The reason for transfer of account is:**

.....  
.....  
.....  
.....  
.....  
.....

Yours,

Signature..... Date.....

Contact: .....