

# SHARES TRANSFER FORM

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

The Chief Executive Office  
QONA SACCO Ltd  
Nairobi

## TRANSFEROR

I  Full names as they appear on ID/PP Staff No:

ID No  Passport No  Designation:

Department:  Branch:

Present Workstation & Postal Address:

Mobile No:  eMail Address:

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

To the below undersigned member. I have made an official withdrawal from QONA 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

I  Full names as they appear on ID/PP 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

<input type="text"/>	<input type="text"/>	<input type="text"/> DD MM YYYY
Actioned By	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> DD MM YYYY
Approved By	Signature	Date