



ASILI SACCO SACCO SOCIETY LIMITED.

Asili coop centre, Lower Ngara Road.Opp.Arya Boys Secondary School.
P.O Box 49064-00100 Nairobi Mobile: 0722472823/0733472823/0730785500/0730785555
Email:asilisacco@yahoo.com/infor@asilisacco.coop Website:http//www.asilisacco.coop
Customer Care WhatsApp No.0729875784

PERMANENT SHARE TRANSFER FORM

FOR THE CONSIDERATION stated below the Transferor(s) named do hereby transfer to the transferee(s) named the shares specified below subject to the several conditions on which the shares are, is now held by the transferor(s) and the transferee(s) do hereby agreed to accept and hold the said shares subject to conditions aforesaid.

NOTE: This transfer is subject to all the By-laws of the society

A. MEMBER DETAILS OF TRANSFOR(SELLER)

NAME: MEMBER NO.....
PAYROLL NO.....ID NO.....
EMPLOYER.....MOBILE. NO.
ADDRESS EMAIL.....
SIGNATURE.....DATE.....

B. DETAILS OF THE TRANSFFEREE(BUYER)

NAME:MEMBER NO.....
PAYROLL NO.....ID NO.....
EMPLOYER.....MOBILE. NO.
ADDRESS EMAIL.....

I hereby declare that all the information provided is true. I agree to abide by the Society's By-laws, any other rules and regulations applicable. I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website: www.asilisacco.coop and in our offices).

SIGNATURE.....DATE.....

NOTE: Both Seller/Buyer to attach copies of ID card and PIN Card)

C. TRANSFER OF SHAREHOLDING TO BE FILLED BY THE TRANSFEROR(SELLER)

I wish to transfer my shareholding of Kes..... valued as
at date...../...../..... To Mr /Mrs /Ms.....

PAYROLL NO.....ID.....

I THE TRANSFEROR HEREBY RENOUNCE MY RIGHTS TO ANY BONUS OR DIVIDENDS DECLARED BY THE SOCIETY SPECIFIED ABOVE AFTER THE SALE OF THE ABOVE SHARES. I AGREE TO RELINQUISH ALL BONUSES AND DIVIDEND PAYMENTS RECEIVED BY ME IN RESPECT OF THIS TRANSFER OF SHARES IMMEDIATELY UPON RECEIPT THEREOF.

I AGREE TO PAY THE TRANSFER CHARGES TO FACILITATE THIS TRANSACTION (TRANSFER FEE OF 5% OF THE FACE VALUE BEING TRANSFERRED TO BE PAID THE BUYER).

I hereby declare that all the information provided is true. I agree to abide by the Society's By-laws, any other rules and regulations applicable. I am further willing to provide my personal information and consent to its use as prescribed in the Asili Sacco Data Protection Policy (The policy is available on our website: www.asilisacco.coop and in our offices).

SIGNATURE.....DATE.....

WITNESSED BY:

NAME: ID NO.....

ADDRESS.....MOBILE NO.....

SIGNATURE.....DATE.....

D. FOR OFFICIAL USE ONLY

TRANSFER FEES WILL BE 5% OF FACE VALUE OF THE SHARES BEING TRANSFERRED TO BE PAID BY THE BUYER.

RECEIPT NO. AMOUNT KSHS. DATE

APPROVED/NOT APPROVED

SIGNATURE..... DATE.....