## FARMERS CHOICE COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

## APPLICATION FOR SHARES TRANSFER

## COMPLETE THIS FORM IN BLOCK LETTERS

FULL NAME: MR MRS MISS  PAYROLL NO. TERMS OF SERVICE  DATE OF EMPLOYMENT. DEPARTMENT.  SECTION. MOBILE NO.  POSTAL ADDRESS. PHYSICAL ADDRESS.  EMAIL ADDRESS.  Signature of Seller / applicant  Transfer date  TRANSFERRED TO:  FULL NAME: MR MRS MISS  PAYROLL NO. TERMS OF SERVICE  DI NO. EMPLOYER  DATE OF EMPLOYMENT. DEPARTMENT.  SECTION. MOBILE NO.  POSTAL ADDRESS.  PHYSICAL ADDRESS.  EMAIL ADDRESS.  PHYSICAL ADDRESS.  EMAIL ADDRESS.  PHYSICAL ADDRESS.  EMAIL ADDRESS.  PHYSICAL ADDRESS.  FINANCIA PROCESS.  FINANCIA PROCESS.  FINANCIA PROCESS.  FOR TRANSFER DE TO:  Transfer date	The Hon. Secretary P.O. Box	FORM IN BLOCK LETTERS
PAYROLL NO. TERMS OF SERVICE  ID NO. EMPLOYER	I hereby make an application for TRANSFER of any amendments thereof.	my shares worth ksh. $\underline{20,000/-}$ and shareholding/membership and
ID NO	FULL NAME: MR. MRS. MISS	
DATE OF EMPLOYMENT.  DEPARTMENT.  MOBILE NO.  POSTAL ADDRESS.  EMAIL ADDRESS.  Signature of Seller / applicant  Transfer date  TRANSFERRED TO:  FULL NAME: MR. MRS. MISS.  PAYROLL NO.  EMPLOYER.  DATE OF EMPLOYMENT.  DEPARTMENT.  SECTION.  MOBILE NO.  POSTAL ADDRESS.  EMAIL ADDRESS.  EMAIL ADDRESS.  PHYSICAL ADDRESS.  EMAIL ADDRESS.  EMAIL ADDRESS.  Lite undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).	PAYROLL NO.	TERMS OF SERVICE
SECTION	ID NO.	EMPLOYER
POSTAL ADDRESS	DATE OF EMPLOYMENT	. DEPARTMENT.
EMAIL ADDRESS	SECTION.	MOBILE NO
TRANSFERRED TO:  FULL NAME: MR. MRS. MISS	POSTAL ADDRESS	PHYSICAL ADDRESS
TRANSFERRED TO:  FULL NAME: MR. MRS. MISS.  PAYROLL NO. TERMS OF SERVICE	EMAIL ADDRESS	
FULL NAME: MR. MRS. MISS  PAYROLL NO		
PAYROLL NO. TERMS OF SERVICE	TRANSFERRED TO:	
ID NO. EMPLOYER  DATE OF EMPLOYMENT. DEPARTMENT.  SECTION. MOBILE NO  POSTAL ADDRESS  EMAIL ADDRESS  EMAIL ADDRESS  Signature of Purchaser / recipient Transfer date  1. NOMINATED NEXT OF KIN  I, the undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).	FULL NAME: MR. MRS. MISS	
DATE OF EMPLOYMENT	PAYROLL NO.	TERMS OF SERVICE
POSTAL ADDRESS PHYSICAL ADDRESS  EMAIL ADDRESS  Signature of Purchaser / recipient  Transfer date  1. NOMINATED NEXT OF KIN  I, the undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).	ID NO.	EMPLOYER
PHYSICAL ADDRESS  EMAIL ADDRESS  Signature of Purchaser / recipient  Transfer date  1. NOMINATED NEXT OF KIN  I, the undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).	DATE OF EMPLOYMENT	DEPARTMENT
Signature of Purchaser / recipient  Transfer date  1. NOMINATED NEXT OF KIN  I, the undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).	SECTION.	MOBILE NO
Signature of Purchaser / recipient  Transfer date  1. NOMINATED NEXT OF KIN  I, the undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).	POSTAL ADDRESS	PHYSICAL ADDRESS
1. NOMINATED NEXT OF KIN  I, the undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).	EMAIL ADDRESS	
I, the undersigned, in the event of my death, whilst still a member of the society, hereby instruct the Society to pay all amounts due to me, less any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).		
any debts, to the Society to the person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the nominated next of Kin by filling in a subsequent nomination form (If below 18 years, nominate a guardian).	1. NOMINATED NEXT OF KIN	
NOMINATED NEXT OF KIN (FULL NAME)	any debts, to the Society to the person named in this so	ection. The name of the nominee can be given in a sealed letter. I understand that I may
	NOMINATED NEXT OF KIN (FULL NAME)	
RELATIONSHIP TO THE APPLICANT	RELATIONSHIP TO THE APPLICANT	
I.D. NO	I.D. NO.	
ADDRESS OF THE NEXT OF KIN	ADDRESS OF THE NEXT OF KIN	
WITNESS:		
NAME Signature of PurchaserSignature		Signature of Furchaser

1)	NAMES OF TRANSFER OF MEMBERSHIP	
	MEMBERSHIP REGISTER NO.	
2)	DATE OF TRANSFER SECRETARY COMMITTEE SIGNATURE	

CHAIRMAN'S SIGNATURE .....

FARMERS CHOICE SACCO MANAGER SIGNATURE......DATE .....

DATE.....

2.

FOR OFFICIAL USE ONLY