



CHAI SACCO SOCIETY LIMITED
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TRANSFER OF DEPOSITS TO SHARE CAPITAL FORM

PERSONAL DETAILS

FULL NAME			
PAYROLL NUMBER			
MEMBER NUMBER		BRANCH:	
EMPLOYERS NAME			
ID NO.			
MOBILE NO.			
EMAIL ADDRESS			

I _____ hereby authorize you to transfer
Kshs _____ (amount in words) _____ from
my deposits and convert to share capital.

Signature _____ **Date** _____

OFFICIAL USE ONLY

Reviewed by: _____ **Sign** _____

Effected by: _____ **Sign** _____

Approved by: _____ **Sign** _____