

P.O Box 59877 -00200, Nairobi, Tel: (020) 2722106/279098/2428634, Wireless:020-2150238/2428634 Mobile: 0712149631.FAX:020-2729187/2428634. E-mail:info@hazinasacco.or.ke

PERMANENT SHARE TRANSFER AGREEMENT

A: MEMBER DETAILS OF TRANSFOR (SELLER)

NAME......M/NO.....

ADDRESS: EMAIL.
EMPLOYERP/F NO
SIGNATUREMOBILE NO
B: DETAILS OF TRANSFEREE (BUYER)
NAMEM/NO
ADDRESSEMAIL
EMPLOYERP/F NO
I further willingly provide the personal information and consent to its use as prescribed in the Hazina Sacco Data Protection Policy (The policy is available on our website www.hazinasacco.or.ke and any of our offices) SIGNATURE
C: TRANSER OF SHAREHOLDING TO BE FILED BY TRANSFOR
Ivalued as at
date/20 To Dr/Mr/Mrs/Ms
P/FNO

HAZINA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED

I agree to pay the transfer charges to facilitate this transaction. (Transfer fees Kshs.100/= payable by the transferee) as per Sacco By-Laws.

I further willingly provide the personal information and consent to its use as prescribed in the Hazina Sacco Data Protection Policy (The policy is available on our website www.hazinasacco.or.ke and any of our offices)

SIGNATURE	DATE
WITNESSE	ED BY:
NAME:	
SIGNATURE	Date
D: FOR OFFIC	IAL USE ONLY
SERVED BY:	
Name	SignatureDate/20
FINANCE MANAGER	
Approval/Rejected	
Reasons:	
Name:	SignatureDate
CHIEF EXECUTIVE OFFICER	
Approval/Rejected	
Reasons	
Name	SignatureDate