

MAGADI SACCO SOCIETY LTD

P.O Box 13 00205 Magadi Tel: 020-6999258/350 0722-272252 Fax 69999258/360. Email: magadisacco@magadisoda.co.ke

TRANSFER OF SHARE CAPITAL FORM

I	of I.D	. NO hereby
		al to the person named below as follows:
Amount:	(kshs)	
Amount in word	ls:	
Name of the trai	nsferee:	
1,2 1,0,		Signature:
	of the share capital being ervice charge fees)	transferred shall be debited from this
Witnessed by:		
Name:		Signature:
FOR SOCIETY	USE ONLY:	
		Signature:
Credit Officer		
Credit Team Leader:		
Chief Executive Officer:		
Credit Committee:		
Executive Comn	nittee:	