



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
 Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

FUNDS TRANSFER FORM

REF NO. UCSCS/F/FOSA/022

The FOSA Manager,

Date _____

Ukulima Sacco Society Limited,

_____ Branch.

Name:.....

ID/No..... Postal Address.....

Email: Telephone No.....

Purpose of Payment

Source of funds.....

Authorize you to immediately transfer (amount in figures) Kshs.....

(amount in words Kshs)

.....from my account

Number..... to account number.....for.....(Name)

Applicant's signature.....

FOR OFFICIAL USE

CUSTOMER CARE OFFICER	BRANCH MANAGER	TRANSFERRING OFFICER
Confirm Account Name:	Confirm source of funds:	Account Details:
Photo:	Account Details:	Amount Transferred (Kshs):
Signature:	Amount Available (Kshs):	
Amount Available (Kshs)	REMARKS:	Date:
RECEIVED BY:	APROVED BY:	DONE BY:
SIGN:	SIGN:	SIGN:
DATE:	DATE:	DATE: