



KENTOURS REGULATED NON-WDT SACCO SOCIETY LTD

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SHARE CAPITAL TRANSFER FORM

A. TRANSFEROR'S DETAILS

Full NameI.D/Passport No.....(Attach Copy) Age.....

KRA Pin(Attach Copy) Employer Unit:Payroll Number.....

Membership Number.....Home Physical Address

CountySub-County..... Location.....

P.O Box Code E-mail Telephone (Private)

I wish to transfer my share capital as indicated below to the named transferee in section B.

Number of Shares	Share Capital Value in Figures (Ksh.)	Share Capital Value in Words (Ksh.)

Signature: Date:

B. TRANSFEE'S DETAILS

Full NameI.D/Passport No.....(Attach Copy) Age.....

KRA Pin(Attach Copy) Employer Unit:Payroll Number.....

Membership Number.....Home Physical Address

CountySub-County..... Location.....

P.O Box Code E-mail Telephone (Private)

Signature: Date:

C. WITNESSES

1. Name:M. No: ID/Passport No..... Signature: Date:

2. Name:M. No: ID/Passport No..... Signature: Date:

D. FOR OFFICIAL USE

Name of Society Official: Signature/Stamp:Date:

Note: A Share capital transfer fee of Kshs. 200 plus tax at applicable rate must be paid to the Sacco bank account or M-pesa Paybill Number before the shares are transferred.