Trans Nation DT Sacco Ltd

Committed to Serve

Internal Funds Transfer Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK WHERE APPLICABLE

A: ACCOUNT FROM INFORMATION

Account Name

Account Number

Amount in Figures

Amount in Words

B: BENEFICIARY (RECIPIENT) INFORMATION & DESTINATION

1) Account Name

2) FOSA Account Number

3) BOSA Deposits

4) Retirement Savings Fund

5) Premium Shares

C: AUTHORIZATION

By signing below, I /We authorize Trans Nation SACCO Limited to execute the above fund's transfer in accordance with the Terms and Conditions for fund Transfers.

Authorized Signature:

Authorized Signature:

Authorized Signature:

D: OFFICIAL USE

RECEIVED BY

EFFECTED BY

DATE