

Oxford SACCO Limited

PO Box 72532-00200, City Square, Nairobi | Telephone 020-2152259

SHARE CAPITAL TRANSFER FORM

(MUST be completed in BLOCK LETTERS)

I hereby give irrevocable instructions to Oxford Sacco to transfer my share capital to the below undersigned, referred herein as the **Transferor**.

Number of shares Amount KES

Amount in words _____

TRANSFEROR DETAILS

Surname			Other Names		
Reference No.		ID/Passport No.		Occupation	
Present Postal Address		Postal Code		Town/City	
Mobile No.			Email Address		

Transferor's Signature: _____ (initials not acceptable) Date: ____/____/____/

TRANSFEEE DETAILS

Surname			Other Names		
Reference No.		ID/Passport No.		Occupation	
Present Postal Address		Postal Code		Town/City	
Mobile No.			Email Address		

Transferee's Signature: _____ (initials not acceptable) Date: ____/____/____/

WITNESSED BY:

1.	Name _____	Signature _____	Date: ____/____/____/
2.	Name _____	Signature _____	Date: ____/____/____/

OFFICIAL USE ONLY

Transfer fee of KES 1,000	Receipt No. _____	Date: ____/____/____/	
1. Treasurer:	Name _____	Signature _____	Date: ____/____/____/
2. Hon. Secretary:	Name _____	Signature _____	Date: ____/____/____/
3. Chairman:	Name _____	Signature _____	Date: ____/____/____/