

## **ADVENTIST SACCO SOCIETY LIMITED**

## SHARE CAPITALISATION TRANSFER AUTHORITY FORM

I	
Member No Do hereby au	thorize the Society to transfer from
MY DEPOSIT a/c Kshs To bo	oost my SHARE CAPITAL account, and
MY DEPOSIT a/c Kshs To be account	oost my INVESTMENT SHARE CAPITAL
I understand that the deposits so transferred considerations and will not be refunded by t membership but shall at all times and at my the membership of the Adventist Sacco prov minimum approved as per the society's by-la	he society during withdrawal from choice be available for trade within ided the same does not fall below the
The shares so boosted shall earn dividends a declared annually.	s per the society's payment rate
Applicants signature	
Date	
FOR OFFICIAL USE ONLY:	
Received by	
Date <u>Af</u>	PPROVAL
Treasurer signature:	
Date	
POSTING	B. I.
Posted by:	Date
JV Number E-Co-op:	Date