

**HOMA BAY COUNTY WOMEN SACCO**

**SACCO SHARES TRANSFER FORM**

I ..... Member No .....,  
Holder of Sacco Share No ....., do wish to transfer my Sacco  
Shares to ..... Member No ..... Total  
number of shares to be transferred ..... Worth Ksh ..... (In  
words).....

Paid via Bankers Cheque/ Cash ..... Dated .....

Member transferring the shares.....

I.D No .....

Member No .....

Effective Date .....

Signature .....

Member Receiving the shares .....

I.D No .....

Member No .....

Effective Date .....

Signature .....

**WITNESSED BY**

1. NAME .....I.D No ..... SIGN .....

2. NAME .....I.D No ..... SIGN .....

**APPROVED BY**

1. CHAIRPERSON .....I.D No ..... SIGN .....

2. TREASUER/SECRETARY.....I.D No ..... SIGN .....