



P. O. BOX 44071, 00100, NAIROBI TEL. +254 020 2785000
 Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

RTGS MONEY TRANSFER FORM

REF NO. UCSCS/F/FOSA/03

The FOSA Manager

Date _____

Ukulima Sacco Society Limited

_____ Branch

Please transfer (amount in figures) Kshs.....

(Amount in words) Kshs.....

from my FOSA account number..... to the following account:

Beneficiary

Bank

Branch

Account No.

Bank Code

Purpose of Payment

Source of funds

APPLICANT'S NAME

ID NO.

SIGN

.....

OFFICIAL USE:

CUSTOMER CARE OFFICER	BRANCH MANAGER	OPERATIONS OFFICER
Confirm Account Name:	Confirm source of funds:	Account Details:
Photo:	Account Details:	Cheque Amount (Kshs):
Signature:	Amount Available (Kshs):	Cheque No.
Amount Available (Kshs)	REMARKS:	Date:
RECEIVED BY:	APPROVED BY:	PAID BY:
SIGN:	SIGN:	SIGN:
DATE:	DATE:	DATE: