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## FUNDS TRANSFER FORM

The FOSA Manager,

Date \_\_\_\_\_

Apstar Sacco Society Limited,

\_\_\_\_\_ Branch.

Name: .....

ID/No..... Postal Address.....

Email: ..... Telephone No.....

Purpose of Payment .....

Source of funds.....

Authorize you to immediately transfer (amount in figures) Kshs.....

(amount in words Kshs) .....

.....from my account

Number..... to account number.....for.....(Name)

Applicant's signature.....

### FOR OFFICIAL USE

CUSTOMER CARE OFFICER	BRANCH MANAGER	TRANSFERRING OFFICER
Confirm Account Name:	Confirm source of funds:	Account Details:
Photo:	Account Details:	Amount Transferred (Kshs):
Signature:	Amount Available (Kshs):	
Amount Available (Kshs)	REMARKS:	Date:
<b>RECEIVED BY:</b>	<b>APROVED BY:</b>	<b>PAID BY:</b>
SIGN:	SIGN:	SIGN:
DATE:	DATE:	DATE: