



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

SHARES TRANSFER FORM

PART 1: TO BE COMPLETED BY THE SELLER/TRANSFEROR:

I _____ ID. No (Must attach copy) _____

P/No _____ Mobile No. _____

Email: _____ Home Address: _____

Wish to sell/transfer (Tick where appropriate);

	No. of shares	Value (Kshs)	Certificate No.
<input type="checkbox"/> Share Capital	_____	_____	_____
<input type="checkbox"/> Head Quarter Shares	_____	_____	_____
<input type="checkbox"/> Share Drive (Investment)	_____	_____	_____

Reason(s) for the transfer: Sale Next of Kin Replacement

Signature: _____ Date: _____

PART II: TO BE COMPLETED BY THE BUYER/TRANSFeree:

I _____ ID No. (Must attach Copy) _____

P/No: _____ Mobile No: _____ Email: _____

Home Address: _____

Accept purchase/transfer of Apstar Shares Head Quarter Shares Shares Drive

No. of Shares _____ @ KSHS.20.00 Value _____

Signature: _____ Date: _____

Witnessed By: _____ ID No: (Must attach Copy) _____

P/No: _____ Mobile No: _____ Home Address: _____

Email _____ Signature: _____ Date: _____

PART III: FOR OFFICIAL USE

Total no. of shares after purchase/Transfer: _____

Checked By _____ Signature: _____ Date: _____

Verified By: _____ Signature: _____ Date: _____

Replace certificate no.: _____ of shares: _____ valued Kshs. _____

New certificate no: _____ of shares _____ valued Kshs. _____

Approved by:

FINANCE MANAGER: _____ signature _____ date: _____

Authorized by:

CHIEF EXECUTIVE OFFICER: _____ signature _____ date: _____

Notes: this agreement form will only be used in the following cases;

- 1) Transfer to the next of kin
- 2) Sale to another Active Member at the face value
- 3) Transfer fee is kshs.600/= only (Inclusive of Excise Duty)