



Metropolitan National Sacco Ltd.

A Deposit Taking SACCO

Licensed and Regulated by The SACCO Societies Regulatory Authority (SASRA)

REGISTERED OFFICE:

Ground Floor of Chai House, Koinange Street P.O. Box 5684-00100 Nairobi Tel: (020) 8007509/2011391
Cell: 0736 086295/0715 680269 Email: info@metrosacco.co.ke, Website: www.metrosacco.co.ke

APPLICATION FOR FUNDS TRANSFER

Select Transfer		Date: _____
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Outward Transfer	

<p>SENDER DETAILS</p> <p>ACCOUNT NAME: _____</p> <p>ADDRESS: _____</p> <p>TEL NO: _____</p> <p>FOSA ACCOUNT NO: _____</p> <p>BRANCH _____</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">AMOUNT: (in figures)</td> <td style="width: 30%;">Kes: _____</td> </tr> </table> <p>AMOUNT IN WORDS: _____</p> <p>_____</p> <p style="text-align: center;">AUTHORISED STAMP & SIGNATURE</p>	AMOUNT: (in figures)	Kes: _____	<p>RECIPIENTS / BENEFICIARY DETAILS</p> <p>BENEFICIARY NAME: _____</p> <p>_____</p> <p>ACCOUNT NO. AT BENEFICIARY BANK _____</p> <p>_____</p> <p>BENEFICIARY BANK _____</p> <p>_____</p> <p>BENEFICIARY BRANCH _____</p> <p>_____</p> <p>SWIFT CODE _____</p> <p>_____</p> <p>For my account and risk and subject to the conditions below which I have read and understood. Please effect the transaction detailed above.</p> <p>NAME OF APPLICANT _____</p> <p>_____</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">SIGNATURE 1.</td> <td style="width: 30%;">ID No. _____</td> </tr> <tr> <td>SIGNATURE 2.</td> <td>ID No. _____</td> </tr> <tr> <td>SIGNATURE 3.</td> <td>ID No. _____</td> </tr> </table>	SIGNATURE 1.	ID No. _____	SIGNATURE 2.	ID No. _____	SIGNATURE 3.	ID No. _____
AMOUNT: (in figures)	Kes: _____								
SIGNATURE 1.	ID No. _____								
SIGNATURE 2.	ID No. _____								
SIGNATURE 3.	ID No. _____								

FOR OFFICIAL USE ONLY

Verification checklist (Tick against the box)

ID No. of Applicant (s): _____

Signature & Photo Confirmed _____

Call Back Details:

Name: _____

Telephone No: _____

AUTHORISED SACCO OFFICIAL

Name _____ Signature: _____ Date: _____

CONDITIONS GOVERNING THE TRANSFER OF FUNDS:

I hereby agree that as long as the Sacco acts in compliance with this Authorization, the Sacco shall be irrevocably and unconditionally indemnified in full by me against any costs, claims, losses and liabilities of any natural (direct or indirect) resulting from any act or omission in connection with the subject of this Authorization, including but not limited to any act or omission (or any delay) on the Sacco's part responding to instructions received by the Sacco.