



**ARCHDIOCESE OF NAIROBI**  
**SOCIAL PROMOTION REGISTERED TRUSTEE**

**SAVINGS TRANSFER FORM**

I ..... Member No. ....

do wish to transfer my savings to.....Member No. ....

Total amount of savings to be transferred is Kshs.....

(In words) .....

**Details of member transferring savings:**

ID No.....Mobile No .....Email .....

Name of SHG.....

Address .....

Signature.....Date .....

**Details of member receiving savings:**

ID No.....Mobile No.....Email .....

Name of SHG.....

Address .....

Signature.....Date .....

**FOR OFFICIAL USE ONLY**

Transfer effected /not effected for Kshs.....

Processed by ..... Signature..... Date .....

Confirmed by .....Signature ..... Date .....

Transfer approved by..... Signature..... Date.....

