



"Growing Our Future Better"

FINANCIAL AND PRIVATE SECTOR STAFF SAVINGS & LOAN SOCIETY LIMITED

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SAVINGS TRANSFER FORM

A. PERSONAL DETAILS

Given Names: _____ Surname: _____

Membership No:

Residential Address: _____

Employment Address: _____

Contact Details

Telephone: _____ Mobile: _____

Email: _____

***Requirement:** ID Card

B. TRANSFER DETAILS

I hereby request the transfer of funds between my Savings Accounts as specified below;

From Account type _____ To Account type _____ Amount (K) _____

Transfer Reason: _____

C. MEMBER DECLARATION

- I hereby authorize the Financial and Private Sector Staff Savings & Loan Society Limited (FPSSSL) to process the transfer of funds as indicated above.
- I understand that the Society will debit the specified amount from my nominated account and credit it to the destination account accordingly.
- I confirm that all details provided are true and correct to the best of my knowledge.

Signature

_____/_____/_____
Date

D. OFFICE USE ONLY

Received Date: ____/____/____

Management Decision: Approved Declined Deffered

Remarks: _____

Officer Signature

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General Manager