

Mwalimu National
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TRANSFER OF ACCOUNT

I wish to give irrevocable authority to transfer my FOSA account from Branch: _____

Account No.: _____ to Branch: _____

Account No.: _____ without further delay or reference.

Name: _____ ID No.: _____

Postal Address: _____ Code: _____ Town: _____ TSC/PF No.: _____

Mobile No.: _____ Signature: _____ Date: _____

Per month with effect from: _____ 20__ __ until further notice.

I hereby on execution of this form as the applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of assessing and transferring my account and it's future analysis whether in electronic or other form.

Name: _____ Sign: _____ Date: ____/____/____

FOR OFFICIAL USE ONLY:

Balance & Liabilities: _____ Transferred By: _____

ATM: _____ Transferred By: _____

Mobile Banking: _____ Transferred By: _____