



SALE TRANSFER FORM

Please use CAPITAL LETTERS when filling this form

FOR THE CONSIDERATION stated below the “Transferor” / “Seller” whose name is indicated below agrees to transfer to the “Transferee” / “Buyer” named in the attached “Purchase transfer Form”, the units specified below subject to the conditions on which the units are now held		
Full name of company	Customer Number	Certificate No/s:
KWFT CSOP TRUST		
(NUMBER OF UNITS)	FIGURES	WORDS
TRANSFER FROM TRANSFEROR / SELLER Name and address in full and Telephone number		
CONSIDERATION		

SIGNED and DELIVERED by day of
..... Two thousand and

In the presence of

FULL NAME
SIGNATURE
OF WITNESS
Address
Description

.....
Transferor’s Signature
ID NO

**Received and
Verified By:**
(Branch Manager / Unit Manager)

.....
(Branch Name)

.....
(Signature and Stamp)

NCBA INVESTMENT BANK
P.O BOX 44599 – 00100
NAIROBI
.....
.....
.....

NOTE: Attach original CSOP certificate

A HUSBAND SHOULD NOT WITNESS HIS WIFE’S SIGNATURE NOR SHOULD SHE WITNESS HIS