



CARE COOPERATIVE SAVINGS AND CREDIT SOCIETY LIMITED

SAVINGS TRANSFER FORM

1. Long-Term Savings Account: Transfers from this account are only permitted upon member exit. However, transfers into the account are not restricted.
2. Holiday Saver Account: Transfers from this account shall be subject to the maximum allowable withdrawal limits applicable at a given time, including any applicable fees for withdrawals or transfers exceeding the prescribed threshold. Transfers into account are not restricted.
3. Junior Saver Account: For transfers involving this account, the beneficiary account details must be clearly indicated, as the account is typically maintained on behalf of the member's beneficiary (e.g., a child).
4. Golden Saver Account: Transfers from this account are only permitted upon attainment of the legal retirement age or upon member exit. However, transfers into the account are not restricted.

PART 1: APPLICANT DETAILS

Applicant Information

Full Name _____
Member Number _____
Organization _____
NRC Number _____
Physical Address _____
Phone Number _____

(Please attach a copy of your NRC)

PART 2: APPLICANT DECLARATION

(To be completed by the Applicant)

I, _____, hereby apply for the transfer of:

Amount (Figures): K _____

Amount (Words): _____

From: Source Account

(Please tick the applicable account)

Ordinary Savings Account Junior Savers Account Long-Term Savings Account Holiday Saver Account Golden Saver Account

To: Destination Account

(Please tick the applicable account)

Ordinary Savings Account Junior Savers Account Long-Term Savings Account Holiday Saver Account Golden Saver Account

Beneficiary Details

Beneficiary Name _____
Beneficiary Member Number _____

I confirm that the information provided above is true and correct.

Applicant Signature _____

Date _____

PART 3: CARECOOP VERIFICATION

(To be completed by CareCoop Staff)

I hereby confirm that I have verified the member's account balances, loan status, employment status, and collateral/security position, and can confirm that the member qualifies for the requested transfer.

Name: _____

Signature: _____

Date: _____

PART 4: APPROVAL

(To be completed by Authorized Officer)

Decision: Approved / Not Approved
(Please cancel/delete whichever is not applicable)

Name: _____

Signature: _____

Date: _____