

Kenya Re Sacco Society Ltd

P. O. Box 30271-00100 Nairobi
Telephone: +254 20 220 2000, +254 703 083 000, Fax 2223944

DIVIDENDS CLAIM FORM

FOR YEAR ENDED 31ST DECEMBER _____

I, (Member's full name) _____

Co-Op Membership No: _____ Employee No: _____ hereby instruct the
SACCO to distribute my Dividends and Interest Rebates as follows:

Total amount due to me Kshs _____

OPTION 1:

Please pay me Kshs _____ {in words _____

_____ }

By (Tick one): **Cheque** ☐ **Direct Transfer** ☐

For Direct Transfer, please transfer the funds to the bank account given in the spaces below:

ACCOUNT NAME														
BANK NAME														
BANK BRANCH														
ACCOUNT NUMBER														

OPTION 2:

Transfer Kshs _____ to my Savings (**Deposits**) with the SACCO

OPTION 3:

(Specify) _____

Signed _____ Date _____ ID/PP NO: _____

FOR OFFICIAL USE ONLY

Cheque Number if applicable: _____ Amount Kshs _____

Prepared by _____ Signature _____ Date _____

Verified by _____ Signature _____ Date _____

Cheque collected by: Sign..... Date: