



MEMBERSHIP APPLICATION FORM

Motswedi Savings and Credit Co-operative Society Ltd
P.O Box 81027
Gaborone
Dear Sir/Madam

I hereby apply for membership in your society and agree to abide and agree by the societies by laws and any amendment thereof.

Member of any SACCO:

Yes No

If yes, please attach a letter of approval from the Director's office.

APPLICANTS DETAILS

Initials: Mr Ms Mrs Dr Miss Others: _____

Membership No: _____ First Name: _____ Surname: _____

Omang No: _____ Gender: _____ DOB: _____ Retirement Date: _____

Marital Status: Single Married Divorced Widowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

Name of Chief/Headman: _____ District: _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

D.O.B _____ ID _____



NOMINEE'S DETAILS

NO	NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ID NO.	CELL NO.	%
1							
2							
3							
4							
5							

DECLARATION

I _____ of identity number _____ do confirm that i
am not a member of any SACCOS.

I hereby declare that the above-mentioned information is accurate to the best of my knowledge and belief. Should my name appear
in any SACCO database, I authorize your office to terminate my membership with immediate effect.

Sign: _____ Date: _____

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED
BOX 81027 GABORONE
TELEPHONE: 390 8227
FAX NO: 319 1534
REGISTRATION NO: 143



TSHWARAGANO

PAYMENT METHODS CONSENT FORM

I _____ authorize Motswedi SACCOS to debit my account monthly from _____ to _____.

Applicant Signature: _____ Date: _____

1. DEBIT ORDER

Bank: _____ Branch: _____ Account No: _____

Amount to be deducted: P _____

2. SELF DEPOSITS

Amount: P _____

3. PAYROLL DEDUCTIONS

Amount: P _____

1. PLEASE ATTACH A COPY **OMANG, LATEST PAYSLIP & EMPLOYMENT CONFIRMATION LETTER** TO THIS APPLICATION.
2. Deposit P160.00 with the bank and bring the deposit slip with the application form to the office or post.

ABSA

Account No. 4125722

Broadhurst Branch (2904)



GROUP FUNERAL SCHEME – NOMINATIONS FORM

Date of Joining: _____

Option 1 **Option 2** **MONTHLY PREMIUM**

MEMBERS DETAILS

Initials: Mr: Ms: Mrs: Dr: Miss: Others: _____

Membership No: _____ First Name: _____ Surname: _____

Omang No: _____ Gender: _____ DOB: _____ Retirement Date: _____

Marital Status: Single Married Divorced Windowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

Name of Chief/Headman: _____ District: _____

SPOUSE DETAILS

First Name: _____ Surname: _____

Gender: _____ ID Number: _____ Date of birth: _____

Home Address: _____

Postal Address: _____

Tel: _____ Tel (w): _____ Email Address: _____

CHILDREN DETAILS

First Name	Surname	ID No. /Birth Certificate No.	Relationship	Date of Birth



TSHWARAGANO

PARENTS DETAILS

First Name & Surname	ID No. /Birth Certificate No.	Relationship	Date of Birth	Premium	Cover

EXTENDED FAMILY

First Name	Surname	Relationship	Date of Birth	Premium	Cover

WAITING PERIOD

MEMBER AND FAMILY 6months
PARENTS 6months

MEMBERS SIGNATURE: _____ DATE: _____