

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

BOX 81027 GABORONE
TEPHONE NO: 3908227
FAX NO: 3191534
REGISTRATION NO: 143



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

First Name: _____ Surname: _____

Membership No: _____ Omang No: _____

Gender: _____ Date of Birth: _____ Retirement Date: _____

Civil Status: Single Married Divorced Windowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Name of Chief/Headman: _____ District: _____

Designation: _____ Work Place: _____

Ministry: _____ Department: _____ Tel (W): _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

D.O.B _____ ID _____

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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: _____

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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 PAYSIP & 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)

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GROUP FUNERAL SCHEME – NOMINATIONS FORM

Date of Joining: _____

Option 1 Option 2 MONTHLY PREMIUM

MEMBERS DETAILS

First Name: _____ Surname: _____

Membership No: _____ ID Number: _____ Gender: _____

_____ Date of Birth: _____

Home Address: _____

Postal Address: _____

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

Home Village: _____ Ward: _____

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

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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: _____