



TSHWARAGANO

BANK DEBIT / STOP ORDER FORM

Membership No.

Savings Products	Amount
Ordinary	P _____
Save As You Earn	P _____
Christmas	P _____
Matshebetshebe	P _____
GFS	P _____
Total	P _____

Effective Date: _____ Ending Date: _____

APPLICANTS DETAILS

Initials: Mr / Ms / Mrs / Dr / Miss Other: _____ Gender: _____

First Name: _____ Surname: _____

Omang No: _____ DOB: Retirement Date:

Marital Status: Single Married Divorced Widowed

Postal Address: _____ Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Name of Chief/Headman: _____ District: _____

Employment Details

Designation: _____ Workplace: _____

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

Next of Kin Details (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

Bank Details

Account Holder Name: _____

Bank Name: _____

Branch: _____ Account No: _____

Member's Signature: _____ Date: _____

NB: transactional cost of P 6.96 will be charged to members in case of insufficient funds.

I hereby request and authorize Motswedi SACCOS to draw against my account with the above-mentioned bank the sum of P _____. This being the amount necessary for the monthly subscription as per our agreement dated _____. Please debit my account on the _____ (Date) of every month.

Sign: _____ Date: _____

For Official Use

Prepared By

Name: _____ Designation: _____

Signature: _____ Date: _____

Recommended

Name: _____ Designation: _____

Sign: _____ Date: _____

Approved

Name: _____ Designation: _____

Sign: _____ Date: _____

2nd Approval

Name: _____ Designation: _____

Sign: _____ Date: _____