

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

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



TSHWARAGANO

CHRISTMAS SAVINGS WITHDRAWAL APPLICATION FORM

1. APPLICATION DETAILS

First Name: _____ Surname: _____

Membership No: _____ Omang No: _____

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

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Work Place: _____ Tel (W): _____

Home Village: _____ Ward: _____

2. BANK DETAILS

Account number: _____

Name of bank: _____ Branch: _____

Amount Applied for: _____

Amount in words: _____

Member's signature: _____ Date: _____

3. OFFICIAL USE ONLY

Christmas Savings plus interest	
Christmas savings withdrawal	
Christmas Savings balance	

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Tick the appropriate status:

Loan Status

Active:

Dormant:

Delinquent:

Prepared by _____ Designation: _____ Date: _____

CHECKED BY

Supervisor's Name: _____ Signature: _____ Date: _____

4. MANAGER'S DECISIONS

Remark: _____

Name: _____ Signature: _____ Date: _____

NB: ATTACH COPY OF YOUR OMANG AND LATEST PAY SLIP TO THIS APPLICATION