

# MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

P O BOX 81027, GABORONE  
TELEPHONE NO: 3908227  
FAX NO: 3191534  
REGISTRATION NO: 143



## CLAIM FORM

### SECTION A:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Membership No: \_\_\_\_\_ Omang No: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account No: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Duty:

\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

No of days (weekdays): \_\_\_\_\_ No of days (weekend/holidays): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICIAL USE ONLY

### SECTION B: Transport/Fuel Cost

Amount Claimed: P \_\_\_\_\_

### SECTION C: Loss of Time

No. of days ( \_\_\_\_\_ ) x P 600.00 = P \_\_\_\_\_

Approved:

Chairperson: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(For that meeting)

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## SECTION E:

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Prepared by: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

Manager: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_