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## CLOSURE OF DECEASED MEMBER'S SAVINGS ACCOUNT

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### BENEFICIARY DETAILS

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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: \_\_\_\_\_

### DECEASED DETAILS

Name \_\_\_\_\_ Surname \_\_\_\_\_  
M/N \_\_\_\_\_ ID \_\_\_\_\_ Gender \_\_\_\_\_  
**Next of Kin** (in case of emergency)  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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### 1. BANK DETAILS

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Bank name: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No: \_\_\_\_\_  
Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



TSHWANEAC.LTD

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**OFFICIAL USE**

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Savings Amount: :P \_\_\_\_\_

Shares Amount :P \_\_\_\_\_

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

Amount in words: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**CLAIM APPROVAL / DISAPPROVED BY:** \_\_\_\_\_

REMARKS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**1. SUPERVISOR**

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Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**2. MANAGER'S DECISION**

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Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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