

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

P O BOX 81027, GABORONE
TELEPHONE NO: 390 8227
FAX NO: 319 1534
REGISTRATION NO: 143



TSHWARAGANO

CLOSURE OF DECEASED MEMBER'S SAVINGS ACCOUNT

BENEFICIARY DETAILS

Name: _____ Surname: _____ Omang No: _____

Gender: _____ Relationship to deceased: _____

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

DECEASED DETAILS

Name _____ Surname _____

M/N _____ ID _____ Gender _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

1. BANK DETAILS

Bank name: _____ Branch: _____

Account No: _____

Member's Signature: _____ Date: _____

OFFICIAL USE

Savings Amount: _____ :BWP _____

Shares Amount _____ :BWP _____

Total Amount Claimed _____ :BWP _____

Amount in words: _____

Prepared by: _____ DESIGNATION: _____

SIGNATURE: _____ DATE: _____

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TSHWARAGANO

1. SUPERVISOR

Supervisor Name: _____ Date: _____

Signature: _____

2. MANAGER'S DECISION

Remarks: _____

Name: _____ Designation: _____

Signature: _____ Date: _____