

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

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



TSHWARAGANO

DECEASED INTEREST APPLICATION FORM 2022

1. DECEASED DETAILS

First Name: _____ Surname: _____

Membership No: _____ Gender: _____ Date of Death: _____

2. BENEFICIARY DETAILS

Name: _____ Surname: _____ Omang No: _____

Gender: _____ Relationship to deceased: _____

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

NEXT OF KIN

Name: _____ Surname: _____ Omang No: _____

Gender: _____ Relationship to Beneficiary: _____

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

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3. BANK DETAILS

Account number: _____

Name of bank: _____ Branch: _____

Branch Code: _____

Member's signature: _____ Date: _____

4. OFFICIAL USE ONLY

Unit Trust Investment Balance		P
Unit Trust Investment Withdrawal		P
Unit Trust Investment Balance		P

PROCESSED BY:

Name: _____ Designation: _____

Signature: _____ Date: _____

CHECKED BY:

Name: _____ Designation: _____

Signature: _____ Date: _____

5. MANAGER'S DECISIONS

Remark: _____

Name: _____ Signature: _____ Date: _____

NB: ATTACH COPY OF YOUR OMANG & DEATH CERTIFICATE