



## BANK DEBIT / STOP ORDER INSTRUCTION

LOAN PRODUCTS		AMOUNT
Ordinary	<input type="checkbox"/>	P _____
Quick	<input type="checkbox"/>	P _____
Emergency	<input type="checkbox"/>	P _____
Total		P _____

Effective date: \_\_\_\_\_ ending date: \_\_\_\_\_

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### 1. MEMBER 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  Windowed

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Home Village: \_\_\_\_\_ Ward: \_\_\_\_\_

Designation: \_\_\_\_\_ Workplace: \_\_\_\_\_

Employer: \_\_\_\_\_ Department: \_\_\_\_\_ Tel (W): \_\_\_\_\_

Name of Chief/Headman: \_\_\_\_\_ District: \_\_\_\_\_



**Next of Kin** (in case of emergency)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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## 2. BANK DETAILS

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Account Number: \_\_\_\_\_

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

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

**NB: transactional cost of P 6.96 will be charged to members in case of insufficient funds.**

I hereby request and authorize Motswedi SACCOS to draw against my account with the above-mentioned bank the sum of P \_\_\_\_\_. This being the amount necessary for the monthly subscription as per our agreement dated \_\_\_\_\_. Please debit my account on the \_\_\_\_\_  
(Date) of every month.

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## 3. OFFICIAL USE ONLY

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

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

CHECKED BY:

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

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

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## 4. APPROVED BY

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1<sup>st</sup> Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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