

# MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

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



TSHWARAGANO

## INTEREST APPLICATION FORM

Please kindly tick on the check boxes below.

Interest Withdrawal       Transfer to Savings

### 1. APPLICATION DETAILS

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

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

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

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

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

Work Place: \_\_\_\_\_ Tel (W): \_\_\_\_\_

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

### 2. BANK DETAILS

Account number: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. OFFICIAL USE ONLY

Savings plus interest	
Interest withdrawal	
Savings balance	

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Tick the appropriate status:

**Loan Status**

Active:

Dormant:

Delinquent:

Prepared by \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

CHECKED BY

Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. MANAGER'S DECISIONS

Remark: \_\_\_\_\_

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

**NB: ATTACH COPY OF YOUR OMANG AND LATEST PAY SLIP TO THIS APPLICATION**