

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

P O BOX 81027, GABORONE
TELEPHONE NO: 3908227
FAX NO: 3191534
REGISTRATION NO: 143



TSHWARAGANO

REFUND REQUISITION FORM

1. APPLICANT'S DETAILS

NAME: _____ SURNAME: _____
Membership No: _____ Omang: _____
Tel: (H) _____ Cell: _____ Email: _____
Work Place: _____ Tel (w): _____
Home Village: _____ Ward: _____
Name of Chief/Headman: _____ District: _____
Next of Kin (in case of emergency)
Name: _____ Relationship: _____
Tel: _____ Cell: _____ Email: _____

2. TYPE OF REFUND (TICK)

Emergency Loan: _____
Ordinary Loan: _____
Savings: _____
Amount to be refunded _____ Month _____
Amount in words: _____

3. BANK DETAILS

Bank Name: _____
Account Name: _____
Account Number: _____
Branch: _____

Member's Signature: _____ **Date:** _____

4. WORKINGS

Total Deductions P _____
Installments P _____
Total Refund P _____

PREPARED BY: _____ **DATE:** _____ **SIGNATURE:** _____

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SUPERVISOR

Name: _____ Designation: _____

SIGNATURE: _____ Date: _____

MANAGER

Name: _____ Designation: _____

SIGNATURE: _____ Date: _____

NB: PLEASE ATTACH A COPY OMANG AND LATEST PAYSIP TO THIS APPLICATION.