

# MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

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



TSHWARAGANO

## SAVINGS WITHDRAWAL APPLICATION FORM

### 1. APPLICANTS 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: \_\_\_\_\_

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

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

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

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

### 2. BANK DETAILS

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account No: \_\_\_\_\_ Amount Required: P \_\_\_\_\_

Amount in words: \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. OFFICIAL USE ONLY

Ordinary Loan: P \_\_\_\_\_ Savings Balance Before: P \_\_\_\_\_

Emergency Loan: P \_\_\_\_\_ Remaining Balance: P \_\_\_\_\_

Quick Loan Balance: P \_\_\_\_\_ Shares Amount: P \_\_\_\_\_

D/Loan Balance: P \_\_\_\_\_

Total Loan Balance: P \_\_\_\_\_

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

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

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## 4. SUPERVISOR

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

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

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## 5. MANAGER DECISION

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Application Approved/Disapproved: \_\_\_\_\_

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

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

**NB:** PLEASE ATTACH A COPY **OMANG AND CURRENT PAY SLIP** TO THIS APPLICATION.