



APPLICATION FORM SAVE – AS – YOU – EARN (SAYE)

PERSONAL DETAILS

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: _____

AMOUNT P _____ IN WORDS _____

COMMENCEMENT (PERIOD (mm/yr)) _____

EMPLOYMENT DETAILS

Nature of Employment: Permanent Contract

(Tick as applicable)

Physical Address: _____

Physical Address: _____

Ministry _____ Department _____

Occupation: _____

Telephone Home: _____ Office: _____



Fax: _____ Cell: _____

Email: _____

FOR OFFICIAL USE

Received by: _____ Date: _____

Actioned By: _____ Date: _____

DETAILS FOR DIRECT DEBIT (Standing Order Form)

I _____ employed at _____ hereby grant my employer the authority to deduct the installments from my salary and remit them to Motswedi Savings & Credit for credit of my SAYE. I confirm that this order shall have authority for 24 months.

UNDERLYING OBLIGATION

I fully understand that I have an obligation during the period of 24 months, **not to withdraw** from the scheme or reduce the agreed monthly savings deposit but I may increase the amount if I so wish.

Signature: _____ Date: _____