

# MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED



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

TSHWARAGANO

## GROUP FUNERAL SCHEME – NOMINATIONS FORM

Date of Joining: \_\_\_\_\_

### MEMBERS DETAILS

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

Membership No: \_\_\_\_\_ ID Number: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Tel (w): \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

### SPOUSE DETAILS

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

Gender: \_\_\_\_\_ ID Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Tel (w): \_\_\_\_\_ Email Address: \_\_\_\_\_

### CHILDREN DETAILS

First Name	Surname	ID No. /Birth Certificate No.	Relationship	Date of Birth

### PARENTS DETAILS

First Name & Surname	ID No. /Birth Certificate No.	Relationship	Date of Birth	Premium	Cover

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**EXTENDED FAMILY**

First Name	Surname	Relationship	Date of Birth	Premium	Cover

**WAITING PERIOD**

MEMBER AND FAMILY      6months  
PARENTS                      6months

MEMBERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_