

# MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

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



TSHWARAGANO

## APPLICATION FORM Matshebetshebe fixed Deposit Account

### PERSONAL DETAILS

Mr. / Mrs. / Miss. / Dr (Tick as applicable) Member Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Identification Number \_\_\_\_\_ Employer \_\_\_\_\_

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: \_\_\_\_\_

### DETAILS OF NEXT OF KIN

Mr. / Mrs. / Miss. / Dr (Tick as applicable)

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Office/Cell: \_\_\_\_\_

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### FOR OFFICIAL USE

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Actioned By: \_\_\_\_\_ Date: \_\_\_\_\_

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I \_\_\_\_\_ employed at \_\_\_\_\_ hereby

Fixed Deposit account for **36 months**

### UNDERLYING OBLIGATION

I fully understand that I have an obligation during the period of 36 months, **not to withdraw** .

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