



## MEMBERSHIP APPLICATION FORM

Motswedi Savings and Credit Co-operative Society Ltd  
P.O Box 81027  
Gaborone  
Dear Sir/Madam

I hereby apply for membership in your society and agree to abide and agree by the societies by laws and any amendment thereof.

### Member of any SACCO:

Yes  No

If yes, please attach a letter of approval from the Director's office.

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### APPLICANTS DETAILS

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Initials: Mr  Ms  Mrs  Dr  Miss  others: \_\_\_\_\_

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

Membership No: \_\_\_\_\_ Omang No: \_\_\_\_\_

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

Marital Status: Single  Married  Divorced  Windowed

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

Physical Address: \_\_\_\_\_

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

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

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

Designation: \_\_\_\_\_ Workplace: \_\_\_\_\_

Employer: \_\_\_\_\_ Department: \_\_\_\_\_ Tel (W): \_\_\_\_\_

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

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

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

D.O.B \_\_\_\_\_ ID \_\_\_\_\_

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### NOMINEE'S DETAILS

NO	NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ID NO.	CELL NO.	%
1							
2							
3							
4							
5							

### DECLARATION

I \_\_\_\_\_ of identity number \_\_\_\_\_ do confirm that i am not a member of any SACCOS.

I hereby declare that the above-mentioned information is accurate to the best of my knowledge and belief. Should my name appear in any SACCO database, I authorize your office to terminate my membership with immediate effect.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



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## PAYMENT METHODS CONSENT FORM

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I \_\_\_\_\_ authorize Motswedi SACCOS to debit my account  
monthly from \_\_\_\_\_ to \_\_\_\_\_.  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. DEBIT ORDER**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account No: \_\_\_\_\_

Amount to be deducted: P \_\_\_\_\_

**2. SELF DEPOSITS**

Amount: P \_\_\_\_\_

**3. PAYROLL DEDUCTIONS**

Amount: P \_\_\_\_\_

1. PLEASE ATTACH A COPY **OMANG, LATEST PAYSLIP & EMPLOYMENT CONFIRMATION LETTER** TO THIS APPLICATION.
2. Deposit P160.00 with the bank and bring the deposit slip with the application form to the office or post.

**ABSA**

**Account No. 4125722**

**Broadhurst Branch (2904)**



## GROUP FUNERAL SCHEME – NOMINATIONS FORM

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

Option 1  Option 2  MONTHLY PREMIUM

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### MEMBERS DETAILS

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First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Membership No: \_\_\_\_\_ ID Number: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Tel (w): \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Village: \_\_\_\_\_ Ward: \_\_\_\_\_  
Name of Chief/Headman: \_\_\_\_\_ District: \_\_\_\_\_

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### SPOUSE DETAILS

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First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Gender: \_\_\_\_\_ ID Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Tel (w): \_\_\_\_\_ Email Address: \_\_\_\_\_

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### CHILDREN DETAILS

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




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### **PARENTS DETAILS**

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

### **EXTENDED FAMILY**

First Name	Surname	Relationship	Date of Birth	Premium	Cover

### **WAITING PERIOD**

MEMBER AND FAMILY      6months

PARENTS                      6months

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