



TSHWARAGANO

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. I irrevocably consent to adhere to the current Society bye-laws and Policies including any future revisions.

Member of any SACCO:

Yes No

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

APPLICANTS DETAILS

Initials: Mr / Ms / Mrs / Dr / Miss Other: _____ Gender: _____

First Name: _____ Surname: _____

Omang No: _____ DOB: Retirement Date:

Marital Status: Single Married Divorced Widowed

Postal Address: _____ Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Name of Chief/Headman: _____ District: _____

Next of Kin Details (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

ID Number: _____ Date of Birth: _____

Employment Details

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

NOMINEE'S DETAILS

NO	NAME	DOB	RELATIONSHIP	ADDRESS	ID NO.	CELL NO.	%
1							
2							
3							
4							
5							
6							
7							

DECLARATION

I _____ of identity number _____ do confirm that I am not a member of any SACCOS. Furthermore, I declare that the above information is accurate to the best of my knowledge. In an event my name appears in any SACCO" database, I authorize your office to terminate my membership without further reference to me.

Sign: _____ Date: _____

PAYMENT METHODS CONSENT FORM

I _____ authorize Motswedi SACCOS to debit my account monthly from _____ to _____.

Applicant Signature: _____ Date: _____

DEBIT ORDER

Amount to be deducted: P _____

Bank: _____ Branch: _____ Account No: _____

SELF DEPOSITS

Amount: P _____

PAYROLL DEDUCTIONS

Amount: P _____

1. PLEASE ATTACH A COPY OMANG, LATEST PAYSIP & EMPLOYMENT CONFIRMATION LETTER TO THIS APPLICATION.
2. Deposit P200.00 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

MEMBERS DETAILS

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First Name: _____ Surname: _____

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Postal Address: _____ Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Name of Chief/Headman: _____ District: _____

Employments Details

Designation: _____ Workplace: _____

Employer: _____ Department: _____ Tel (W): _____

SPOUSE

First Name: _____ Surname: _____

Gender: _____ ID Number: _____ Date of Birth: _____

Home Address: _____ Postal Address: _____

Tel: _____ Tel (w): _____ Email: _____

CHILDREN DETAILS

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

PARENTS

FirstName & Surname	ID / Birth Cert No.	Relationship	DOB	Premium

EXTENDED FAMILY

First Name	Surname	Relationship	DOB	Premium	Cover

WAITING PERIOD

Members and Family 6 Months.

Parents 6 Months.

Member's Signature: _____ Date: _____