

MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

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



TSHWARAGANO

APPLICATION FORM CHRISTMAS SAVINGS

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

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 Christmas savings Account. I confirm that this order shall have authority for 12 months.

UNDERLYING OBLIGATION

I fully understand that I have an obligation during the period of 12 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: _____