



APPLICATION FORM CHRISTMAS SAVINGS

PERSONAL DETAILS

Initials: Mr Ms Mrs Dr Miss Others: _____

Membership No: _____ First Name: _____ Surname: _____

Omang No: _____ Gender: _____ DOB: _____ Retirement Date: _____

Marital Status: Single Married Divorced Windowed

Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Home Village: _____ Ward: _____

Designation: _____ Workplace: _____

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

Name of Chief/Headman: _____ District: _____

Next of Kin (in case of emergency)

Name: _____ Relationship: _____

Tel: _____ Cell: _____ Email: _____

AMOUNT:P _____ **IN WORDS**

COMMENCEMENT (PERIOD (mm/yr))



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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: _____