



MOTSWEDI SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED  
BOX 81027 GABORONE  
TELEPHONE: 390 8227  
FAX NO: 319 1534  
REGISTRATION NO: 143

TSHWARAGANO

## GROUP FUNERAL SCHEME NOMINATIONS FORM

Date of Joining

Option 1

Option 2

Monthly Premium

### MEMBERS 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: \_\_\_\_\_

### 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: \_\_\_\_\_