



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

TSHWARAGANO

## MEMBERSHIP RECRUITMENT DRIVE FORM

### RECRUITER DETAILS

Title: MR / MRS / MS / DR / OTHERS \_\_\_\_\_ Gender: \_\_\_\_\_

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

Membership No: \_\_\_\_\_ Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Workplace: \_\_\_\_\_ Tel (W): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NEW MEMBER DETAILS

Title: MR / MRS / MS / DR / OTHERS \_\_\_\_\_ Gender: \_\_\_\_\_

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

Membership No: \_\_\_\_\_ Omang No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Civil Status: Single  Married  Divorced  Widowed

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

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

Workplace: \_\_\_\_\_ Tel (W): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Registration Fee: \_\_\_\_\_ Administration Fee: \_\_\_\_\_ Ordinary Shares Paid: \_\_\_\_\_

**Recruiters Amount: P 50.00**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RECOMMENDATION**

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

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**APPROVAL**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***NB: Terms and conditions (T&C) apply.***