



MATSHEBETSHEBE FIXED DEPOSIT ACCOUNT FORM

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)) _____

Fixed Deposit account for **36 months**

UNDERLYING OBLIGATION

I fully understand that I have an obligation during the period of 36 months, **not to withdraw** .

Signature: _____ Date: _____



FOR OFFICIAL USE

Receivedby: _____ Date: _____

ActionedBy: _____ Date: _____