ITSHETSENG
SAVINGS & CREDIT COOPERATIVE SOCIETY
Tshwaragano ke Maatla
5301478 FAX: 5301579 | P O BOX 10228 LOBATSE | PELENG EAST PLOT 4691 | itshetseng@btcmail.co.bw | Itshetseng SACCOS

REFUND FORM (To be completed in ink)

Particulars of the Member

Book No…….. Date……

First Name …… Surname…….

Member Payroll No ……. Omang No …….

Employer…….Department…… ……

Sex…… …….

Name of Beneficiary …… Surname……..

Relationship……

PHYSICAL ADDRESS

Street / Ward…….. Plot No ……

Town /Village……. Tel /Cell……..

Amount Refunded (P……)……

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Reason for Refund……

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Signature of Applicant……..……Officer Signature……

BANK	BRANCH	A/C NO	CODE

OFFICIAL USE ONLY

Month/s to be refunded……

Refund on Savings P…….

Refund on Ordinary Loan P……

Refund on Emergency Loan P…….

Refund on Quick Loan P……..

Refund on Shares P……

Approved By (Officer)

1. Amount Approved P …….

2. Reason for Disapproval (if any)……

……

1. …….. …..Position…… Signature……..…….Date…….....

Checked By

1. ……..……. Position……. Signature…….Date……..…

2. ……Position……..Signature……Date……..…