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

APPLICATION FOR MEMBERSHIP

A) **PERSONAL DETAILS**(Tick as applicable)

1. Title: Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof ☐ or other specify_____
2. Gender: Male ☐ Female ☐
3. Surname:_____ Name(s):_____
4. Membership No:_____ Date of Birth_____
5. ID (Citizens only):_____ Passport No:_____
6. Telephone: Home:_____ Work:_____
7. Cell: _____ Email Address:_____
8. Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other, specify_____
9. **Employment Status:**

   Ministry/Organisation:_____

   Department:_____

   Duty station :_____

   Designation:_____

10. **Postal Address:**

_____

_____

11. Physical Address:

_____

_____

12. Banking Details:

Account Number	**Bank name**	**Branch**	**Branch code**

13. Next of Kin(in case of emergency);

Name: _____ Relationship: _____

ID No : _____ Cell: _____

(B) **Beneficiaries**

No	**Name**	**Date of birth**	**Relationship**	**Address**	**ID (Omang)**	**%**
1						
2						
3						
4						

Declaration by Member:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and believe and I undertake to inform you of any changes therein, immediately. In case the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held liable for it.

Signature:..... Date:.....

MEMBERSHIP APPLICATION REQUIREMENTS

1. Certified Copy of ID
2. Confirmation of employment
3. Recent Salary advice/payslip

FOR OFFICIAL USE ONLY

RECEIVED BY(**OFFICER):** ……..DATE:……

SIGNATURE……

APPROVED BY: MANAGER/COMPLIANCE OFFICER

NAMES:……. DATE:……..

SIGNATURE……

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STOP ORDER FORM ITSHETSNG SAVINGS AND CREDIT COOPERATIVE SOCIETY LIMITED

I the undersigned,

NAME (BLOCK LETTERS): ……

ADDRESS : ……

DEPARTMENT: ……..

PAYROLL NO: ……

MONTHLY AMOUNT ……..

I hereby authorise Council to deduct monthly from my salary for my shares in the amount of P…….. As from ……2…….. until further notice and remit these funds monthly to Itshetseng Savings and Credit Cooperative Society Limited. I confirm that I shall have no claim against the employer in respect of any failure on their part to make a payment on due date.

DATE: …… SIGNATURE: ……..

WITNESS: ……..