



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

ITSHETSENG SACCOS MEMBERS WELFARE FUND

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

New	Amendment	Terminate
		Effective date

PRIMARY INSURED PERSON (Under 65 years when joining)

Surname		First Name/s	
ID Number /Passport		Date of Birth	
Cellphone Number		Gender	
Postal Address			

SPOUSE (Under 65 years when joining)

Surname		First Name/s	
ID Number /Passport Number		Date of Birth	
Cellphone Number		Gender	

CHILDREN

(Under 21yrs or under 25yrs if studying full time or wholly and continuously depended as result of mental or physical infirmity (proof required))

	Surname	First Name	Date of Birth	Gender	Relationship
1					
2					
3					
4					
5					
6					

PARENTS & PARENTS IN LAW (Under 75 years when joining)

	Surname	First Name	Date of Birth	Gender	Relationship
1					
2					
3					
4					

EXTENDED FAMILY (Under 75 years when joining)

	Surname	First Name	Date of Birth	Gender	Relationship
1					
2					
3					
4					

BENEFICIARY

	Surname	First Name	ID / Passport Number	Relationship	Contact Number
1					

Note the maximum age for entry for members and additional dependents as stated above. If the age differs from the information supplied in the original application or subsequent additions to the application, and the applicant is thus over age based on the maximum joining age at the time of application, ITSHETSENG SACCOS only obligation will be to return any premiums that it received for the member. All references to age mean the actual age reached. No medical underwriting requirements will apply to any applicant under THIS FUND, but ITSHETSENG SACCOS has the right to accept or decline an application.

I hereby declare that the above information is true and correct.

Primary Insured's Signature _____

Date _____