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

INTEREST ON SAVINGS APPLICATION FORM

1. APPLICANT DETAILS

Full Name:_____ Telephone / Cell: _____

National ID: _____ Employer: _____

Email Address: _____ Member Signature: _____

Date: _____

2. BANK DETAILS

Bank Name: _____

Branch: _____ Account Number: _____

Amount Applied For (P): _____

Amount in Words: _____

3. OFFICIAL USE ONLY

Prepared By: _____ Signature: _____ Date: _____

Checked By: _____ Signature: _____ Date: _____

4. EXECUTIVE DECISION

☐Approved ☐Disapproved

Approved Amount (P): _____ _____: _____

Reason(s) if Disapproved:

_____

Authorized Signatory: _____ Signature: _____ Date: _____

NB: Applications must be submitted together with a copy of the applicant's payslip and Omang.