



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

TERMINATION FORM (To be completed in ink)

PARTICULARS OF MEMBER

Book No..... Date.....
First Name..... Surname.....
Omang..... Marital Status.....
Sex..... Name of Beneficiary.....
Surname of Beneficiary..... Relationship.....

PHISICAL ADDRESS

Street/Ward..... Plot No.....
Town/Village..... Telephone.....
Amount Given P..... In Words.....
.....
Reason For Terminating.....
.....

1. Banking Details:

Account Number	Bank name	Branch	Branch code

Signature of Applicant.....

OFFICIAL USE

Savings Balance.....

Shares.....

Ordinary Loan.....

Interest on Ordinary.....

Emergency Loan.....

Interest on Emergency.....

Savings + Shares.....

1. Amount Applied for.....

2. Amount Approved.....

3. Reasons for Disapproval (if any).....

.....

Approved By (Staff)

Checked by:

1. Position..... Sig.....

2. Position.....Sig.....

3.Position.....Sig.....

Date..... Cheque Number.....

Cheque Date..... Signature of Applicant.....

Treasures Sign..... Witness.....