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

WITHDRAWAL OF SAVINGS APPLICATION FORM

Particulars of the Member (To be completed in ink) Membership no: _____

First Names: _____ Surname: _____ Application Date: _____

Omang No: ☐☐☐☐☐☐☐☐☐ Gender ☐M ☐F Date of Birth ☐☐ ☐☐ ☐☐☐☐

Employer: _____ Department: _____ Work Tel: ☐☐☐☐☐☐☐

Next of Kin:Names: _____ Surname: _____ Relationship: _____

Next of Kin Contacts: ☐☐☐☐☐☐☐☐

Postal, Physical Address & Contacts

Street / Ward: _____ Plot No: _____ Town/Village: _____

Cell: ☐☐☐☐☐☐☐☐ Postal Address: _____

Withdrawal Information

Amount Applied for (P……..) (In words)……

……..

Bank Details

Bank Name: _____ Branch Name: _____ Branch Code: ☐☐☐☐☐☐

Account No: ☐☐☐☐☐☐☐☐☐☐☐☐

Member Signature: _____ Date: _____

OFFICIAL USE ONLY

Savings Balance P:…….

Ordinary loan (P :……)

Personal loan (P :……...)

Quick loan (P:……)

Savings BalanceP:……..

Recommendation: _____ _____ _____

Names(Staff member) **Signature** **Date**

Approval

Approved/Disapproved by:

Amount approved: P_____

_____ Signature_____ Date: _____

(**Senior Staff)**

Reason for Disapproval (if any) _____

_____

Payment Approval (Management board authorized Signatories) (Any 2)

1._____ Signature _____ Date: _____

(**Names**)

2. _____ Signature _____ Date:_____

(**Names)**

3. _____ Signature_____ Date: _____

(Names)

4. _____Signature_____ Date: _____

(Names)