



**Babereki SACCOS**  
☎ 3922526  
☎ 3181646  
📍 Plot 54374, Block D  
Grand Union Building  
CBD Gaborone

# INTEREST ON SAVINGS REQUISITION FORM

## CLIENT DETAILS

Names: ..... Surname: .....  
Membership No: ..... Omang No: ..... Gender: .....  
Date of Birth: ..... Postal Address: .....  
Physical Address: ..... Tel: .....  
Cell: ..... Email Address: .....

## EMPLOYMENT DETAILS

Employer/Ministry: .....  
Department: .....  
Village/town: .....  
Postal Address: .....  
Tel: .....

## BANK DETAILS

Bank: ..... Branch Name: .....  
Branch Code: ..... Account Number: .....

## YEAR ENDED APRIL 2024

Total Interest Claimed: .....  
Member's Signature: ..... Date: .....

## FOR OFFICIAL USE

Savings Balance Pre-approval: .....  
Savings Balance Post Claim: .....  
Authorized By: ..... Date: ..... Signature: .....  
Approved/Disapproved: ..... Date: ..... Signature: .....

*Attach a Copy of OMANG and Bank statement for banking details purposes*