

MEMBERSHIP APPLICATION FORM
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In making this membership application, I do hereby agree to conform to the society's Bye-laws and any amendments thereof.

PERSONAL DETAILS

Surname:		First Names:	
Date of birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Village:			
Identity Card No.			
Are you a member of another SACCOS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Physical Address:			
Postal Address:			
Contact numbers:	Home:	Cellphone:	e-mail:
Civil Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			

EMPLOYMENT DETAILS

Government Ministry/Parastatal:
Department:
Designation:

NOMINEES (Person(s) designated to receive funds/benefits in the unfortunate event of loss of life)

NO:	NAME	RELATION	DATE OF BIRTH	ID (OMANG)	CONTACT NO.	%
Applicant's signature:			Date:			

AUTHORITY TO MAKE DEDUCTIONS

Monthly Savings.

I..... authorize you to deduct.....(minimum P100.00) from my monthly salary or direct from my bank account held
 Bank.....Account
 Number.....Branch.....on
 theof every month towards my savings. Salary payment group 1 or 2 (Tick).

Payment of Shares.

Contributions to be paid through (Tick Appropriate)

Salary Deductions Bank Deposit Cash

Indicate the amount to be contributed below in figures and in words

Amount in figures: BWP.....

Amount in words:.....

No. of installments:.....

RECRUITER/REFERRAL DETAILS:

Where did you hear about BABEREKI SACCOS:

Website :

Social Media:

Recruiter:

If Social media, list source.

Recruited by:.....

Signature of recruiter:.....

Contact details of recruiter:

Date:.....

Signature of

Applicant.....**Date**.....