



APPLICATION FOR MEMBERSHIP

The Society Secretary,

Maitlamo SACCOS Ltd

I hereby apply for membership in your Society, and I agree to conform to the Society's Bye – Laws and any amendments, therefore.

NB: Please make sure you initialise every page and sign the last page.

PERSONAL DETAILS

| | | |
|----------------------|-------------------|--|
| Title: | First Name: | |
| Second Name: | Last Name: | |
| Date of Birth: | Identity Number: | |
| Marital Status: | Application date: | |
| Employment Date: | Nationality: | |
| Postal Address: | | |
| Residential Address: | | |
| City/Town: | | |
| Mobile Number: | Email Address: | |
| Home Village: | | |
| Ward: | | |
| Occupation: | | |
| Department: | | |

Are you a Prominent Influential Person (PIP)?

YES NO

PIP(Prominent influential Persons)

Are you a close associate or immediate member of the family of a PIP?

YES NO

Nature of relationship i.e Mother/Father/Son/Daughter/Sibling

Name (s) of the Prominent Influential Persons associated with

BANKING DETAILS

| | | |
|-----------------|----------------|--|
| Bank Name: | | |
| Account Number: | | |
| Branch Name: | Branch number: | |

FORM 1B

FOR OFFICIAL USE ONLY

| | | | |
|---------------------------------------|--|----------------|--|
| Date of Admission | | | |
| Date Approved by Management Committee | | | |
| Date confirmed by General Membership | | Membership No. | |
| Signature of Society Secretary | | | |

NEXT OF KIN DETAILS

| | Next of Kin 1 | Next of Kin 2 |
|------------------------------------|---------------|---------------|
| Next of Kin Full Names: | | |
| Date of Birth of the Individual: | | |
| Address of the Individual: | | |
| Identity No/ Birth Certificate No: | | |
| Mobile Number: | | |
| Relationship : | | |

NOMINATION OF BENEFICIARIES FORM

I, _____ of ID No _____ Employment No _____

Hereby request that in the event of my death while still a member of the Maitlamo SACCOS Ltd, and benefit to which I am entitled from the Society should be paid to the following people in the proportion detailed below:

| | Full Names of the Beneficiary | Date of Birth | Address of the individual | Identity number/ Birth Certificate Number | Mobile Number | Relationship | Beneficiary allocation |
|------------------|-------------------------------|---------------|---------------------------|---|------------------|--------------|---------------------------|
| Beneficiary 1 | | | | | | | |
| Beneficiary 2 | | | | | | | |
| Beneficiary 3 | | | | | | | |
| Beneficiary 4 | | | | | | | |
| Beneficiary 5 | | | | | | | |

This nomination nullifies any previous nomination by me.

I understand that when these payments have been made they will represent a full, complete and final discharge from the Society in respect of any savings to me.

Member's Signature _____

Date: _____

(Any changes to the nominated beneficiaries which you wish to make should be advised to the Society on a fresh Nomination of Beneficiary Form which should be signed and dated by you)

SALARY STOP ORDER FORM



Have you once been a member? Select by a tick

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

I, undersigned

| | | | |
|--------------|--|----------------|--|
| Full Names | | | |
| Station | | Employment No. | |
| Basic Salary | | | |

Hereby request Botswana Power Corporation (BPC) to deduct BWP _____ from my monthly salary being for my shares, monthly savings and or my loan prepayment as from the Month of _____ (Year) _____ until further notice and to remit these funds to Maitlamo SACCOS.

| | | | |
|--------|--|-----------|--|
| Date : | | Signature | |
| | | Witness 1 | |
| | | Witness 2 | |