SERIAL	



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**SAVINGS AND CREDIT COOPERATIVE SOCIETY** 

WE ASPIRE TO BECOME THE LEADING COOPERATIVE BUSINESS IN THE SADC REGION

SACCOS MEMBERSHIP FORM			SEC NO:
Date of Application:			
Names:			
Date of Birth:			
Gender:			
Identity Number:			
Marital Status:			
Occupation:			
Home Address:			
Kgotla:			
Headman:			
Email Address:			
Contact No:			
Tel No:			
Account No:			
Bank:			
Branch:			
Next of Kin:			
1. Names:	Contact No		
2. Names:	Contact No:		
Note: Next of Kin is not a Beneficiary(A	Minor)		
Beneficiary:			
Names	Relationship	%	Contacts
1.			
2.			
3.			
4.			
5.			
Signature of Applicant:			
Recommended by:			
Checked by Manager:			
Approved Not Approved			

Signature of Secretary:  Comments:			
		Stamp	