



SAVINGS AND CREDIT COOPERATIVE SOCIETY

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

SERIAL NO:

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TERMINATION FORM

APPLICANT PERSONAL DETAILS

Date of Application:

I ID No:

hereby terminate My Account/Or Account on behalf of the late

with the Society as at

I understand that through this termination I will only be legible for re-joining the Society after 2 year from to date and that this termination also stops everything with the society including my Funeral Scheme Membership.

Reasons:

Savings Balance:

Bonus Share:

Interest On Savings:

Total Earnings:

Ordinary Shares:

Less interest On Loans	Amount	Outstanding after Offset
Account Closure Fee		

Less interest On Loans	Amount	Outstanding after Offset
Stimulus Loan Interest		
Emergency Loan Interest		
Short term Loan Interest		
Normal Loan Interest		
Total Interest		

Less interest On Loans	Amount	Outstanding after Offset
Stimulus Loan Principal		
Emergency Loan Principal		
Short term Loan Principal		
Normal Loan Principal		
Owing Total		

Refund	Amount	Account Number

Bank:

Branch:

Signature of Applicant: Date:

LOANS DEPARTMENT

Assisted By Sign:**Date:****Checked by sign:****Date:****CREDIT COMMITTEE ONLY**

Approved**Not Approved****Appointment**Comments if not approved/Referred:

Chairing Signature

Date:

Counter signature

Date:

2nd Counter Signature

Date:**ACCOUNTS DEPARTMENT**

Paid By:**Date:****Authorised by:****Date:**