

SERIAL NO:

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

INTEREST ON MEMBERS SAVINGS FORM**SEC NO:**

Date of Application: _____ Contact No: _____

I _____ of Identity number _____

authorize Jwaneng SACCOS Ltd to pay out or reinvest my interest on savings for the year ended 30th April 2026. Amount of Bwp: _____

Provide the following Know Your Customer (KYC) compliant banking details below if you wish your interest on your savings to be paid out.

ACCOUNT NAME	
BANK NAME	
ACCOUNT NUMBER	
BRANCH CODE	
BRANCH NAME	

This is to confirm that the details given above are correct.

Member's Signature: _____ Date: _____

LOANS DEPARTMENT**Assisted Name:** **Signature:** _____ **Date:** _____**Checked by:** **Signature:** _____ **Date:** _____**Authorised by:** **Signature:** _____ **Date:** _____**ACCOUNTS DEPARTMENT****Assisted Name:** **Signature:** _____ **Date:** _____**STB No:** **Signature:** _____ **Date:** _____**Pay Date:** **Authorised by:** **Signature:** _____ **Date:** _____**-No interest on savings will be issued with a cheque**

-No pay out for interest on savings which is less than P300.00

-NOTE: NO INTEREST SHALL BE PAID OUT IF ACCOUNT IS IN ARREARS