Saphumula Savings & Credit Cooperative Society Ltd.

P.O.Box A278. Swazi Plaza
Lot 362, Mission Street,
Mbabane
Tel: +268 2404 7447
+268 2404 8715
Fax: +268 2404 9358
E-mail: applications@saphumula.co.sz

MEMBERSHIP APPLICATION FORM

1.0 NAME(S):..... SURNAME:.....

2.0 DATE OF BIRTH:..... ID NUMBER:.....

3.0 TEL:..... CELL:.....

E-MAIL:.....

4.0 GENDER:..... MARITAL STATUS:.....

5.0 RESIDENTIAL ADDRESS:.....

CHIEF:..... INDVUNA:.....

6.0 POSTAL ADDRESS:.....

7.0 NAME OF EMPLOYER:.....

8.0 EMPLOYMENT NUMBER:.....

9.0 BANK DETAILS;

NAME OF BANK:..... ACCOUNT NO:.....

10.0 IF APPLICATION IS ACCEPTED, I AGREE TO PAY A JOINING FEE OF E400.00 AND A MINIMUM SHARE CAPITAL OF E 4,500.00.

11.0 I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE SACCO.

12.0 NAME(S) OF NOMINEE(S):

FIRST:..... %.....

SECOND:..... %.....

THIRD:..... %.....

FORTH:..... %.....

FIFTH:..... %.....

DATE:..... SIGNATURE:.....

9.0 RECRUITED BY:..... MEMBERSHIP NO.....

SIGNATURE:.....

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FOR OFFICE USE ONLY

1. **APPLICATION IS APPROVED / REJECTED BY THE COMMITTEE:……**

   …….
2. **DATE OF APPROVAL/REJECTION:…….**
3. **MEMBERSHIP NUMBER:……**
4. **SIGNED:…….. ……**

   CHAIRPERSON SECRETARY

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SALARY DEDUCTION ANALYSIS & AUTHORITY FORM

TO:- THE GENERAL MANAGER FINANCE:.....

FROM: MEMBER/EMPLOYEE:

NAME..... SURNAME.....

TEL NO..... CELL NO: .....

OTHER CONTACT NUMBER:.....

MEMBERSHIP No..... EMPLOYMENT No.....

STATION..... SECTION.....

SUBJECT: - DEDUCTION SYSTEM DECLARARTION:

KINDLY DEDUCT FROM MY SALARY OR BANK ACCOUNT A TOTAL SUM OF E..... IN RESPECT OF THE FOLLOWING DUES FOR SAPHUMULA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY:

SHARE CAPITAL	E.....
ORDINARY SAVINGS	E.....
EDUCATIONAL SAVINGS	E.....
HEALTH CARE SAVINGS	E.....
ETSALA INVESTMENT	E.....
LIKUSASA SAVINGS	E.....
BURIAL/FUNERAL SAVINGS	E.....
ASIJABULE SAVINGS	E.....
MAXI PLUS	E.....
SUBSCRIPTIONS	E .....
T-SHIRT S OR TRACKSUIT	E.....
TOTAL	E.....

THE ABOVE AMOUNT SHOULD BE DEDUCTED MONTHLY FROM MY SALARY OR BANK ACCOUNT UNTIL FURTHER NOTICE, DULY SIGNED BY MYSELF AND SAPHUMULA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.

MEMBER'S SIGNATURE:..... DATE:.....

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BANK DEDUCTION CONSENT FORM

I _____ REQUEST SAPHUMULA SAVINGS AND CREDIT COOPERATIVE TO EFFECT DEDUCTIONS (EACH MONTH) FROM MY BANK ACCOUNT:

NAME OF BANK:……

BANK ACCOUNT NUMBER: ……

BRANCH NAME: ……

THE DEDUCTIONS MUST BE MADE ON **19** ☐ **25** ☐ **30** ☐

EFFECTIVE MONTH_____

MEMBERSHIP #.: _____

CONTACT #: _____

MEMBER'S SIGNATURE: _____DATE: _____

AUTHORISED BY: _____DATE: _____

SAPHUMULA SACCO BANKING DETAILS:
Bank name: Standard Bank
Account #: 9110004052148
Type: Current account
Code: 663164

MANAGER: APPROVAL/ DISPROVAL:

SIGNATURE _____ DATE _____