



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

FAMILY 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 E300.00 AND A

MINIMUM SHARE CAPITAL OF E 4,100.00.

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



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12.0 NAME(S) OF NOMINEE(S):

➤ FIRST:..... RELATIONSHIP.....

D.O.B..... %.....

➤ SECOND:..... RELATIONSHIP.....

D.O.B..... %.....

➤ THIRD:..... RELATIONSHIP.....

D.O.B..... %.....

➤ FOURTH:..... RELATIONSHIP.....

D.O.B..... %.....

➤ FIFTH:..... RELATIONSHIP.....

D.O.B..... %.....

13.0 NAME OF PRINCIPAL MEMBER:.....

14.0 RELATIONSHIP:.....

15.0 MEMBERSHIP NO..... 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