



Registration No. 261/2013

Botswana Public Officers SACCOS  
 P. O. Box 1682 AAD Poso House  
 Gaborone, Botswana  
 Tel: (+267) 397 2048; 71262000  
[www.bposaccos.co.bw](http://www.bposaccos.co.bw)  
 Plot: 50667 Fairgrounds, Block B

## BPOSACCOS MEMBERSHIP APPLICATION FORM

I hereby apply for membership in the Botswana Public Officers Savings and Credit Co-operative Society and I agree to conform to the Bye-laws of the Society and amendments thereto, as well as other applicable laws. My application details are as follows: -

### 1. MEMBERSHIP APPLICATION

NATURE OF APPLICATION (✓)				REQUIRED DOCUMENTS (✓)			
				Certified copies, less than 3 months old			
MEMBERSHIP	NEW	RE-JOIN	KYC UPDATE	ID/OMANG	PAYSLIP	EMPLOYERS LETTER	

### 2. APPLICANT'S PERSONAL DETAILS

TITLE	NAMES	SURNAME
ID NUMBER	ID EXPIRY DATE	
DATE OF BIRTH	NATIONALITY	
GENDER(✓) M	F	MARITAL STATUS (✓) Single Married Divorced Widowed
RESIDENTIAL ADDRESS	OFFICE LINE	
POSTAL ADDRESS	EMAIL ADDRESS	
MOBILE 1	MOBILE 2	MOBILE 3

### 3. EMPLOYMENT DETAILS

NATURE OF EMPLOYMENT(✓)	Salaried	Retired		
NAME OF EMPLOYER	OCCUPATION			
EMPLOYMENT TYPE	Permanent	Contract	Temporary	SALARY P.M.
EMPLOYERS POSTAL ADDRESS	OFFICIAL LINE			
EMPLOYERS PHYSICAL ADDRESS	DIRECT LINE			

### 4. SPOUSE DETAILS

Must be legally married to.

TITLE	NAMES	SURNAME
ID NUMBER	GENDER(✓) M	F
SPOUSE POSTAL ADDRESS	MOBILE 1	
SPOUSE PHYSICAL ADDRESS	MOBILE 2	

**5. BENEFICIARY DETAILS**

NO	FULL NAMES	D.O.B.	RELATIONSHIP	CONTACT NUMBER	OMANG/ID NO.	PERCENTAGE
1						
2						
3						
4						
5						
<b>TOTAL</b>						<b>100%</b>

**6. NEXT OF KIN DETAILS**

Must be over 18, under 65 & related to applicant. Not a colleague or friend.

**NEXT OF KIN**

TITLE	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
RELATION	<input type="text"/>	GENDER(✓)	<input type="text"/>	M	<input type="text"/>
				F	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>		EMAIL ADDRESS	<input type="text"/>	
RESIDENTIAL ADDRESS	<input type="text"/>		MOBILE NO.	<input type="text"/>	

**7. SALARY STANDING/STOP ORDER**

I, the undersigned,

Authorize the Botswana Public Officers Savings and Credit Co-operative Society to deduct from my salary deductions as follows (✓);

P100-00 Once-off joining fee

P26.25 Embed funeral policy cover

I authorize the acquisition of **500 Shares** in the Society on my behalf through my initial savings of P500-00.

P\_\_\_\_\_ Monthly savings effective \_\_\_\_\_ until further notice.

Thank you.

Yours faithfully

I hereby duly authorize the above deduction to take effect from my payroll \_\_\_\_\_ (signature)

**8. DECLARATION**

I, the undersigned,

I hereby declare that the details furnished above are true and correct to the best of my knowledge. I believe and undertake to inform you of any changes therein immediately. If the above information is found to be false, untrue, or misrepresenting, I am aware that I may be liable for that.

TITLE	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>
DATE	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
SIGNATURE	<input type="text"/>				

**9. RECRUITERS DETAILS**

If referred to by a BPOSACCOS Active Member, or BPOSACCOS Direct Sales Agent complete below.

FULL NAMES & ID	<input type="text"/>	THEIR CELL NUMBER	<input type="text"/>
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