



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

DCD Registration No. 261/2013

BPOSACCOS SAVINGS PRODUCTS APPLICATION FORM

1. SAVINGS PRODUCTS

Select Savings Product (✓)

FLEXI SAVINGS	GOLD SAVINGS	EMERGENCY SAVINGS	PLATINUM SAVINGS	LEANO SAVINGS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open an account with as little as P1,00.00 per month	Open an account with as little as P1,000.00 per month	Accessible fund for emergencies	Minimum opening deposit of P1,000.00	Members need to save a minimum of P300.00 per month
4% interest earned per annum	Guaranteed 5% interest earned per annum	Earn 3% interest per annum	Earn an impressive 12.5% interest P.A.	Earn an interest of 11% per annum
Monthly savings contribution	Fixed 24 months with mandatory savings of P1,000.00 minimum per month	Regular or supplementary deposits are allowed at any time	Flexible deposits. No monthly instalments required.	Savings cannot be cashed out until retirement age
1 free withdrawal every 3 months (quarterly)	No administration fees	No administration fees	No administration fees	No administration fees
Any other withdrawals within the 3 months will attract a 2.5%	No withdrawals allowed	Access savings anytime without incurring penalties	Withdrawals are not permitted during the savings period.	A member is required to save until retirement age or no longer able to service the account
Any other withdrawals within the 3 months will attract a 2.5%	Where withdrawal is done before 24 months, the interest earned is forfeited.		10% Interest forfeiture will be applied to early withdrawal requests before 12 savings period	

2. APPLICANT'S DETAILS

TITLE	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/>	ID EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	NATIONALITY	<input type="text"/>	<input type="text"/>	<input type="text"/>
GENDER(✓)	M <input type="checkbox"/>	F <input type="checkbox"/>	MARITAL STATUS (✓)	Single <input type="checkbox"/>	Married <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>			
RESIDENTIAL ADDRESS	<input type="text"/>		OFFICE LINE	<input type="text"/>	
POSTAL ADDRESS	<input type="text"/>		EMAIL ADDRESS	<input type="text"/>	
MOBILE 1	<input type="text"/>	MOBILE 2	<input type="text"/>	MOBILE 3	<input type="text"/>

3. EMPLOYMENT DETAILS

NATURE OF EMPLOYMENT(✓)	Salaried <input type="checkbox"/>	Retired <input type="checkbox"/>
NAME OF EMPLOYER	<input type="text"/>	
OCCUPATION	<input type="text"/>	
EMPLOYMENT TYPE	Permanent <input type="checkbox"/>	Contract <input type="checkbox"/>
	Temporary <input type="checkbox"/>	SALARY P.M. <input type="text"/>
EMPLOYERS POSTAL ADDRESS	<input type="text"/>	
OFFICIAL LINE	<input type="text"/>	
EMPLOYERS PHYSICAL ADDRESS	<input type="text"/>	
DIRECT LINE	<input type="text"/>	

4. SPOUSE DETAILS

Must be legally married to.

TITLE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>					
ID NUMBER	<input type="text"/>	GENDER(✓)	M	<input type="checkbox"/>	F	<input type="checkbox"/>						
SPOUSE PHYSICAL ADDRESS	<input type="text"/>										MOBILE 1	<input type="text"/>
SPOUSE POSTAL ADDRESS	<input type="text"/>										MOBILE 2	<input type="text"/>

5. BENEFICIARY DETAILS

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

6. NEXT OF KIN DETAILS

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

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

7. SALARY STANDING/STOP ORDER

I, the undersigned,

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

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. APPLICATION REQUIREMENTS

Certified copies less than 3 months old

REQUIREMENTS(✓)	ID/OMANG	<input type="checkbox"/>	PAYSLIP	<input type="checkbox"/>	EMPLOYERS LETTER	<input type="checkbox"/>	KYC UPDATE	<input type="checkbox"/>
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9. DECLARATION

I hereby apply for a Savings Account with BPOSACCOS. I agree to abide by the Society's by-laws, any amendments thereto, and all other applicable laws and regulations.

I declare that the information provided above is true, accurate, and complete to the best of my knowledge and belief. I undertake to notify the Society promptly of any changes to this information. Should any of the information provided be found to be false, misleading, or misrepresented, I acknowledge that I may be held liable in accordance with the applicable laws and the Society's by-laws.

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

10. RECIUTERS DETAILS

Complete below if referred to by a BPOSACCOS Active Member or BPOSACCOS Direct Sales Agent.

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