



Plot 50667, Block B
Fairground
P O Box 1682 AAD, Posohouse
Gaborone, Botswana

Email: loans@bposaccos.co.bw

Registration No. 261

BONUS CLAIM FORM

DATE JOINED:

Tick the appropriate check box

Member since: 2021-2022 2020-2021 2019-2020 2018-2019
2017-2018

1. APPLICATION DETAILS

First Name (s): _____ Surname: _____

Date joined: _____ Omang (ID)/Payroll number: _____

Gender: _____ Date of Birth: _____ Postal Address: _____

Physical Address: _____

Tel: _____ Cell: _____ Email: _____

Workplace: _____ Tel(W): _____

Home Village: _____ Ward: _____

2. BANK DETAILS

Account number: _____

Name of bank: _____ Branch: _____

Member's signature: _____ Date: _____

I hereby declare that the information provided above is correct and duly authorized by myself



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3. OFFICIAL USE ONLY

BONUS CLAIM PER YEAR	AMOUNT
2021-2022	
2020-2021	
2019-2020	
2018-2019	
2017-2018	
TOTAL PAYABLE	

Tick \cancel the appropriate status:

Membership status

Active:

Inactive:

Status type:

Central government:

Retired/resigned/

deceased: Local

government:

Loan status:

Active:

Inactive:

Prepared by

Name: _____ Designation: _____ Date: _____

CHECKED BY

Name: _____ Signature: _____ Date: _____

4. MANAGER'S DECISION

Remark: _____

Name: _____ Signature: _____ Date: _____

NB: ATTACH CERTIFIED COPY OF YOUR OMANG AND PROOF OF BANKING DETAILS