



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 MEMBERSHIP APPLICATION / KYC UPDATE FORM

I hereby apply for membership / update KYC in the Botswana Public Officers Savings and Credit Co-operative Society and agree to conform to the Society's bylaws and any amendments thereto, as well as other applicable laws. My application details are as follows;

1. MEMBERSHIP APPLICATION / KYC UPDATE

NATURE OF APPLICATION (✓)				REQUIRED DOCUMENTS (✓)			
Certified copies less than 3 months old							
MEMBERSHIP	NEW <input type="checkbox"/>	RE-JOIN <input type="checkbox"/>	KYC UPDATE <input type="checkbox"/>	ID/OMANG <input type="checkbox"/>	PAYSLIP <input type="checkbox"/>	EMPLOYERS LETTER <input type="checkbox"/>	

2. APPLICANT'S DETAILS

TITLE	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>																
ID NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NATIONALITY	<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"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>											
ID NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GENDER(✓)	M <input type="checkbox"/>	F <input type="checkbox"/>								
SPOUSE POSTAL ADDRESS	<input type="text"/>										MOBILE 1	<input type="text"/>				
SPOUSE PHYSICAL 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						
2						
3						
4						
5						
TOTAL						100%

6. NEXT OF KIN DETAILS																
Must be over 18, under 65, and related to the applicant. Not spouse, colleague or friend.																
NEXT OF KIN																
TITLE				NAMES				SURNAME								
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	RELATION			GENDER(✓)	M		F	
POSTAL ADDRESS								EMAIL ADDRESS								
RESIDENTIAL ADDRESS								MOBILE NO.								

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 (✓);	
<input type="checkbox"/>	P100-00 Once-off joining fee
<input type="checkbox"/>	P26.25 Embed group funeral policy cover
<input type="checkbox"/>	I authorize the acquisition of 500 Shares in the Society on my behalf through my initial savings of P500-00.
P	Monthly savings effective _____ and 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				NAMES				SURNAME				
DATE	D	D	M	M	Y	Y	Y	Y	SIGNATURE			

Notes

1.1 For KYC Update, skip 7 & 9

9. RECUITERS DETAILS	
If referred to by a BPOSACCOS Active Member or BPOSACCOS Direct Sales Agent, complete below.	
FULL NAMES & ID	THEIR CELL NUMBER

OFFICIAL USE	
PROCESSED BY	CREDIT OFFICER
	KYC AGENT