



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

DCD Registration No. 261/2013

## MEMBERSHIP TERMINATION FORM

### 1. MEMBERS DETAILS

TITLE	<input type="text"/>	NAMES	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/>			ID EXPIRY DATE	<input type="text"/>
DATE OF BIRTH	<input type="text"/>			GENDER(✓)	M <input type="checkbox"/> F <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"/>

### 2. REASONS FOR BPOSACCOS MEMBERSHIP TERMINATION

<input type="checkbox"/> JOINING ANOTHER SACCOS	<input type="checkbox"/> CHANGE OF EMPLOYER
<input type="checkbox"/> FINANCIAL CONSTRAINTS	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> OTHER, please specify <input type="text"/>	

ANY OUTSTANDING LOANS	IF YES, OUTSTANDING LOAN AMOUNT	EFFECTIVE DATE OF TERMINATION
YES <input type="checkbox"/> NO <input type="checkbox"/>	B W P <input type="text"/>	<input type="text"/>

As per SACCOS byelaws, member terminations will serve a 30-day notice period.

### 3. BANKING DETAILS FOR EFT PAYMENTS

Kindly attach the latest payslip.

ACCOUNTS HOLDERS NAMES	<input type="text"/>		
BANK NAME	<input type="text"/>	BRANCH NAME	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>	BRANCH CODE	<input type="text"/>

I hereby declare that the information provided above is correct and duly authorized by myself,  (signature)

### 4. DECLARATION

I, the undersigned,

I hereby declare that the details furnished above are true and correct. 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"/>			SIGNATURE	<input type="text"/>

FOR OFFICIAL USE (To be completed by BPOSACCOS)

CUSTOMERS NAMES	CUSTOMER ACCOUNT NUMBER

CLOSING BALANCES

SAVINGS LEDGER	B	W	P		KHUMO PERSONAL LOAN	B	W	P	
DEPOSITS	B	W	P		EMERGENCY LOAN	B	W	P	
TERMINATION	B	W	P		PETTY CASH LOAN	B	W	P	
INTEREST	B	W	P		ORDINARY LOAN	B	W	P	
REFUNDS	B	W	P		KHUMO PERSONAL LOAN	B	W	P	
FUNERAL COVER	B	W	P		OTHERS, _____	B	W	P	
TOTAL ADDITIONS	B	W	P		TOTAL DEDUCTIONS	B	W	P	
DUE TO MEMBER	B	W	P						

OFFICER & DATE	RECEIVED BY	PREPARED BY	CHECKED BY	APPROVED BY:
NAMES				
SIGNATURES				
DATES				

NOTES:

[illegible]