



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

REFUND REQUEST 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(✓)	<input type="text"/>
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. REFUND TYPE & AMOUNT

<input type="checkbox"/>	PETTY CASH LOAN	B	W	P	<input type="text"/>	<input type="checkbox"/>	DEPOSIT	B	W	P	<input type="text"/>
<input type="checkbox"/>	EMERGENCY LOAN	B	W	P	<input type="text"/>	<input type="checkbox"/>	SAVINGS	B	W	P	<input type="text"/>
<input type="checkbox"/>	EDUCATION / SCHOOL FEES	B	W	P	<input type="text"/>	<input type="checkbox"/>	FUNERAL COVER	B	W	P	<input type="text"/>
<input type="checkbox"/>	ORDINARY LOAN	B	W	P	<input type="text"/>	<input type="checkbox"/>	TERMINATION	B	W	P	<input type="text"/>
<input type="checkbox"/>	KHUMO PERSONAL LOAN	B	W	P	<input type="text"/>	<input type="checkbox"/>	OTHER	B	W	P	<input type="text"/>

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"/>

