



Registration No. 261/2013

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

2023 - 2024 SAVINGS INTEREST WITHDRAWAL APPLICATION FORM

I hereby apply for savings interest withdrawal from the Botswana Public Officers Savings and Credit Co-operative Society and agree to conform to the By-laws of the Society and amendments thereto, as well as other applicable laws. My application details are as follows:

1. INTEREST WITHDRAWAL APPLICATION

INTEREST WITHDRAWAL (✓)

2023 -2024 FINANCIAL YEAR

2. APPLICATION REQUIREMENTS

Certified copies less than 3 months old

REQUIRED DOCUMENTS (✓)

ID/OMANG

LATEST PAYSIP

OR BANK ACCOUNT CONFIRMATION LETTER

3. APPLICANT DETAILS

TITLE

NAMES

SURNAME

ID NUMBER

ID EXPIRY DATE

D D M M Y Y Y Y

DATE OF BIRTH

D D M M Y Y Y Y

NATIONALITY

GENDER(✓)

M

F

MARITAL STATUS (✓)

Single

Married

Divorced

Widowed

RESIDENTIAL ADDRESS

OFFICE LINE

POSTAL ADDRESS

EMAIL ADDRESS

MOBILE 1

MOBILE 2

MOBILE 3

4. BANKING DETAILS FOR EFT PAYMENTS

Kindly attach bank account confirmation, e.g., the latest bank letter/statement or payslip (must not be older than 3 months)

ACCOUNTS HOLDERS NAMES

BANK NAME

BRANCH NAME

ACCOUNT NUMBER

BRANCH CODE

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

5. NEXT OF KIN DETAILS / BENEFICIARY

If the estate of the deceased. Attach if applicable, i. Death certificate, ii. Marriage certificate, iii. Police affidavit, iv. Beneficiary ID copy.

NEXT OF KIN

TITLE				NAMES		SURNAME	
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DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	RELATION	GENDER(✓)	M	F	
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POSTAL ADDRESS	EMAIL ADDRESS
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RESIDENTIAL ADDRESS	MOBILE NO.
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FOR OFFICIAL USE (TO BE COMPLETED BY BPOSACCOS OFFICE)

SAVINGS DETAILS 31 MAY 2024		REQUIREMENTS CHECKLIST (✓)	
SAVINGS ACCOUNT NUMBER		ID/OMANG, CERTIFIED COPY	
OPENING SAVINGS BALANCE		PAYSLIP RECENT, CERTIFIED COPY	
DECLARED INTEREST (6%)		BANK ACCOUNT CONFIRMATION	
CLOSING SAVINGS BALANCE		CUSTOMER SIGNATURES	

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

NOTES:

[illegible]