



DITSOBOTLA

PRIMARY SAVINGS AND CREDIT CO-OPERATIVE BANK LIMITED

Central Office
Office No 3
Kotzen Centre
Gerrit Maritz Street
Lichtenburg 2740

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Lichtenburg 2740
Tel.: 018 632 5520 / 75
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Email: itirelen@mail.ngo.za

Reg. #: 2001/000005/24

PLEASE ACCEPT THIS APPLICATION AS MY REQUEST FOR MEMEBERSHIP

Surname: _____

First Name: _____

Date of birth: _____

ID No: _____

Home Address: _____

Tel No: _____

Work Department: _____

Employee No: _____

Membership declaration:

As a member of Ditsobotla co-op bank, I undertake to support the principle of the Co op bank, the spirit of co-operation and democracy, abide by credit rules and repay loans regularly.

Attached my R _____ membership fee and R _____ for joining fee shares.

Signature: _____

Date: _____

DESIGNATON OF BENEFICIARY

This designation shall only be affective when delivered and field with DITSOBOTLA CO OP BANK duty executed by an insured member and during the lifetime of the beneficiary designated (PLEASE PRINT)

I _____being a member of DITSOBOTLA CO OP BANK do hereby.

Name of beneficiary	Relationship	Address	Code	Per Cent (%)

As my beneficiary, if living to receive any and all sums of shares and saving's deposit due to me, after paying off any outstanding loan amounts, changes and fees by the Ditsobotla Co-op bank. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent designated of beneficiary herein designated. Payment of proceed to a designated beneficiary, how they are related to you, if at all your signature that must be witness by another person (but not the beneficiary). Your SACCO will keep this form. You may change your beneficiary by submitting a new designation of beneficiary form at any time.

Signature of member

witness

