





**Sambulelo Savings and Credit Co-operative**  
**The source of financial solution**


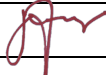
Issue date: 01.07.2006	Revised date: 02.12.24
<b>Secretary:</b> 	<b>Treasurer:</b> 

**MEMBERSHIP APPLICATION FORM**

Name (in full) *			
Main Member <input type="checkbox"/>	Sub-member * <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>Employment Status (tick)*</b>	Employed <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>
<b>If Employed:</b>			
Occupation*			
Company No.			
Employer Name*			
Address*			
<b>If Self-Employed or Unemployed:*</b>			
Business Name (if applicable)*	Years in business		
<b>For All Applicants:</b>			
Postal Address (home)*			
Home Physical Address:*			
Chief:*			
Marital Status:*			
Nationality*			
Date of Birth:*			



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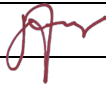
Minimum Ordinary Savings*	E_____ per month	
Joining Fee	E100.00 (fixed amount)	
Share Capital	E1700.00 (fixed amount payable in 6 months)	
ID:*		
Name of Bank		
Bank Account No.:		
Deduction:	Source <input type="checkbox"/>	Debit order <input type="checkbox"/>

Cell:*	
Tel:*	
Date:*	
Signature*	

Recruiter's name (who or what inspired you to join the SACCO?)



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**NOMINATION FORM FOR PAYMENT OF DEATH BENEFITS**

TO: TREASURER

I request that any benefits payable from the savings and shares on my death subject to the agreement of the society must be paid up to my dependants as shown below.

Full Name*	
Cell/Tele Number*	
Relationship*	
ID - Attach Copy*	
Fraction or Percentage (%)*	

Full Name*	
Cell Number*	
Relationship*	
ID - Attach Copy*	
Fraction or Percentage (%)*	

Full Name*	
Cell Number*	
Relationship*	
ID - Attach Copy*	
Fraction or Percentage (%)*	

**Declaration: I confirm that the information furnished is true and correct and shall be changed with my permission in due course if necessary.**

Full Name (in block letters):	
Signature:	
Date:	