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BONUS SHARES-WITHDRAWAL FORM

A) PERSONAL DETAILS

Tick as applicable (Mr.	/Mrs/Ms/Dr./Prof.)	
Name:	Surname:	
Date of Birth:		
ID No :		
Tel No :		
Cell No :		
Email Address:		
WITHDRAWAL AMO	UNT: P	
Annual in Manda		
Amount in Words: _		ı
Account Holders Name	es:	
Bank Name	:	
Account Number	:	
Branch Name	:	
D) DECLARATION AND ACCEPTANCE		
By signing below		
also accept that should	ormation I have provided is to my best knowledge honest and true. If the information provided be found to be untrue the Savings and right to nullify my application.	
Date:	Signature of Applicant:	
Please provide a copy of the latest payslip or confirmation of bank account, and Omang copy.		

