THUTO SACCOS
Spells Successful Future

P O Box 45821 Riverwalk, Gaborone
Tel: +267 3902023
Email: info@thutosaccos.co.bw
Website: www.thutosaccos.co.bw
Extension 3, Plot 140, Gaborone

APPLICATION FORM FOR MEMBERSHIP

A) PERSONAL DETAILS

Tick as applicable (Mr/Mrs/Ms/Dr/Prof.)

Gender: Male ☐ Female ☐

Name: _____ Surname: _____

Date of Birth: _____

ID No: _____

Tel No. Home: _____

Cell No: _____

Email Address: _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

If married: Married in Community ☐ Married Out of Community ☐

Postal Address: _____

_____

Physical Address (Plot number, Street name & Ward)

_____

B) Ordinary Savings Amount: _____

Administration Fee: P25.00

N.B: To be a member of Thuto SACCOS it is compulsory to have an Ordinary Savings account

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C) EMPLOYER'S DETAILS

Organization Name_____

Department: _____

Occupation: _____

Tel No. Work: _____

D) BENEFICIARY'S DETAILS

1. Full Name: _____

   Cell No: _____ Date of birth: _____

   Relationship: _____

2. Full Name: _____

   Cell No: _____ Date of birth: _____

   Relationship: _____

E) Where did you first hear about Thuto SACCOS? Please select all that apply

- ☐ Social Media
- ☐ Radio
- ☐ Billboard
- ☐ Newspaper
- ☐ Word of mouth

Other: _____

I hereby apply for membership in your society and agree to abide by the society's Bylaws and any amendment thereof.

Date: _____ Signature of Applicant: _____

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THUTO SACCOS

KNOW YOUR CUSTOMER: INDIVIDUALS

Title: | | Gender: | |

Full Name: | |

Date of Birth: | D | D | M | M | Y | Y | Place of Birth: | |

Omang/Passport Number: | | Nationality: | |

Marital Status: | Single | Married | Divorced | Widowed |

Account Category: | Member | Staff | Board Member |

ADDRESS AND CONTACT DETAILS

Physical Address: | |

Village/Town/City: | | Ward: | |

District: | | Country: | |

Postal Address: | |

Mobile: | | Other Cell No. | |

Telephone | | Fax: | |

Email: | |

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THUTO SACCOS

KNOW YOUR CUSTOMER: INDIVIDUALS

EMPLOYER DETAILS

Employer:

Occupation:

Employment Type: | Employed | Self Employed | Pensioner |

Contract Type: | Permanent | Contract | Temporary |

Department:

Work Tel No.

Retirement Date

BANKING DETAILS

Bank Name:

Branch:

Account Number:

Account Type:

Source of funds:

NEXT OF KIN DETAILS

Name:

Date of Birth:

Mobile:

ID/Passport/Birth Certificate:

Email:

Relationship:

BENEFICIARY DETAILS

Beneficiary (1)

Name:

Date of Birth: Mobile:

ID/Passport/Birth Certificate:

Email: Relationship:

Beneficiary Allocation %:

Beneficiary (2)

Name:

Date of Birth: Mobile:

ID/Passport/Birth Certificate:

Email: Relationship:

Beneficiary Allocation %:

Beneficiary (3)

Name:

Date of Birth: Mobile:

ID/Passport/Birth Certificate:

Email: Relationship:

Beneficiary Allocation %:

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and believe and I undertake to inform you of any changes therein, immediately. In case the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held liable for it.

Full Name:

Date:

Signature:

THUTO SACCOS

KNOW YOUR CUSTOMER: INDIVIDUALS

FOR OFFICIAL USE ONLY

KYC CHECKLIST OF DOCUMENTS COLLECTED FROM CUSTOMER: (Please tick (√) appropriate box)

a) Certified copies of Identification	
• Valid National Identity Card for citizens	
• Valid Passport (for foreign nationals)	
b) Copy of Proof of residence	
• Written confirmation from customer's employer, educational establishment or prior bank clearly indicating residential address	
• Written confirmation from Company Secretary (or equivalent) indicating residential address of signatories/ shareholders/ director(s)	
• Police affidavit	
• Current copy of utility bill in account applicant's names e.g. electricity/water bill/council rates	
• Current tenancy/ lease agreement in the name of account applicant	
• Current rent receipt in the name of account applicant	
• A verifiable letter from the Tribal Administration	
c) Copy of Proof of source of income	
• Pay slip or contract letter from employer/confirmation letter	
• Financial returns/receipts or audited accounts	
• Pension letter or certificate	
• Bank Statements	

FUNERAL APPLICATION FORM

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New Application: ☐ Amendments: ☐ Cancellation: ☐

PERSONAL DETAILS

Full Name: _____

Omang No. _____

Cell No. _____

DOB: _____

Employer: _____

SPOUSE DETAILS

Full Name: _____

Omang No. _____

Cell No. _____

DOB: _____

CHILDREN'S DETAILS

Children under 21 years old, if above, can only be covered if they are in full-time study or if mentally or physically handicapped (proof required).

1. Full Name: _____ DOB: _____

2. Full Name: _____ DOB: _____

3. Full Name: _____ DOB: _____

4. Full Name: _____ DOB: _____

5. Full Name: _____ DOB: _____

6. Full Name: _____ DOB: _____

ADULT CHILDREN'S DETAILS

Children over the age of 21 years but not older than 35 years.

1. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

2. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

3. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

4. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

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PARENT'S & IN-LAWS DETAILS

Maximum of 4 parents if married. Age of parent's entry shall be less than 80 years unless stated otherwise.

1. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

2. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

3. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

4. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

EXTENDED FAMILY DETAILS

Age of entry for extended family shall be less than 85 years.

1. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

2. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

3. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

4. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

5. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

6. Full Name: _____ Benefit: _____ Premium:
Relationship: _____ DOB: _____ Funeral Services: _____

Admin Fee: **P10.00** Total Premium: _____

BENEFICIARY DETAILS:

Full Name: _____

Relationship: _____

Mobile No. _____

Work No. _____

_____ _____
Member's Signature Date

_____ _____
Received By EB Date

NB: *Coverage carries a 3-month waiting period for nuclear family & adult children and a 6-month waiting period for parents & extended family.*