



LUB 19

# LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY

## APPLICATION FOR MEMBERSHIP

Surname: ..... Names: .....

Date of Birth: ..... Place of Birth: ..... Gender: .....

Marital Status: ..... Chief: ..... Indvuna: .....

Tax Identity: .....

Employer: .....

Occupation: ..... Employer NO. ....

Bank Name, Branch & Account No. ....

.....

Interest in Joining

Lubane Co-operative: .....

.....

Beneficiaries:

Name	Relationship	%
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

I ..... declare that the above nominated person(s) shall provide additional identification such as birth, marriage, other ..... (specify) in order to qualify for the benefits.

Signed ..... Date .....

I ..... of (address) .....

..... Hereby declare that to the best of my knowledge the above information is true.

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**REFERRAL INFORMATION SECTION**

How did you find out about Lubane SACCO: (Please tick)

- Social Media
- Website
- Friend, Colleague or Relative

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

M/N: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Details: \_\_\_\_\_

Signed: \_\_\_\_\_

I \_\_\_\_\_ confirm that the above-mentioned person introduced me to Lubane Savings and Credit Co-operative Society.

Signed ..... Date .....

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**WITNESSESS**

(a) Name: ..... Signature: .....

(b) Name: ..... Signature: .....

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**FOR OFFICE USE**

Membership Approved: \_\_\_\_\_ Membership No: \_\_\_\_\_

Approved by: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Next step taken by: \_\_\_\_\_ Position: \_\_\_\_\_

**LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY**

**MEMBERSHIP REGISTER**

**NAME:** .....

**M/N:** .....**BRANCH:** .....

**ADDRESSES:**

**RESIDENTIAL:** .....  
.....

**POSTAL:** .....  
.....

**PIN NUMBER:** .....

**CONTACT NO:** .....

**EMAIL ADDRESS:** .....

**SIGNATURE:** .....**DATE:** .....

**WITNESS:**

**SIGNATURE:** .....**DATE:** .....

**FULL NAME:** .....

**NB: ATTACH**

- **PROOF OF RESIDENCE**
- **CERTIFIED COPY OF ID**

**OFFICIAL USE ONLY**

**JOINING DATE:** .....

**VALUE OF SHARES:** .....

**LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY**

**BENEFICIARY FORM**

Every member may nominate a beneficiary to receive any benefit payable under the co-operative on the death of the member. If there is some dispute involving the co-operative, this register can be used as evidence in court.

I-----hereby nominate the following as my beneficiaries: -

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>%</b>

**SIGNATURE:** -----**DATE:** -----

**THUMP PRINT**

**WITNESS:**

**SIGNATURE:** -----**DATE:** -----

**FULL NAME:** -----

# LUBANE SAVINGS AND CREDIT CO-OPERATIVE SOCIETY

**FROM:**

**TO:**

Name and Surname

Lubane SACCO

.....

P. O. Box A213

Membership No.: .....

SWAZI PLAZA

Branch: .....

MBABANE

Date: .....

Signed: .....

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## THE CHECK – OFF SYSTEM

Please deduct from my salary the sum of E..... in words .....

.....

From date .....

Being:

- |    |                |        |
|----|----------------|--------|
| a) | SHARES         | E..... |
| b) | SAVINGS        | E..... |
| c) | JOINING FEE    | E..... |
| d) | HOLIDAY FEE    | E..... |
| e) | LOAN REPAYMENT | E..... |
| f) | SCHOOL SAVINGS | E..... |
| g) | FIXED DEPOSIT  | E..... |
| h) | INTFUTFWANE    | E..... |
| I) | OTHER SAVINGS  | E..... |
| J) | SUBSCRIPTION   | E..... |
| K) | CLUB 45        | E..... |
| L) | INVESTMENT     | E..... |
| M) | SECONDARY      | E..... |