



LUBANE JOINING FORM

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.

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: _____

WITNESSESS

(a) Name: Signature:

(b) Name: Signature:

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: -----

ADDRESSES:

RESIDENTIAL: -----

POSTAL: -----

PIN NUMBER: -----

CONTACT NO: -----

EMAIL ADDRESS: -----

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

WITNESS:

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

FULL NAME: -----

NEXT OF KIN

Name and surname (In Full) _____

Relationship: _____ Cellphone No: _____

Work No: _____ Place of Residence: _____

OFFICIAL USE ONLY

JOINING DATE: -----VALUE OF SHARES: -----

M/N: -----BRANCH: -----

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----- Membership Number: LUB_____ hereby
nominate the following as my beneficiaries: -

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NOTE: Benefit Percentage should sum up to 100%

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

WITNESS:

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

FULL NAME: -----

LUBANE SAVINGS AND CREDIT CO-OPERATIVE SOCIETY

FROM:

Name and Surname

.....

Membership No.:

Branch:

Date:

Signed:

TO:

Lubane SACCO

P. O. Box A 213

Swazi Plaza

Swaziland

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..... (Non-Refundable)

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..... (Non-Refundable)

k) CLUB 45 E.....

l) INVESTMENT E.....

m) SECONDARY E.....