Membership Num	ber: LUB
New Member:	Re-Joining Member:



SECONDARY MEMBERSHIP PLAN

	Su	rname:	(Singakhona)	
Date of Birth/MONTH/Place	e of residence:			
	Postal Address:			
ID Number:	Gender: Mari	tal Status:		
Contact Number (MTN):	(ESWATINI MOBILE):			
Chief:	Ndvuna:			
Self Employed: (Business Project)				
Employer (School):	Occupation (Grade):			
Email:				
BANKING DETAILS				
Bank Name, Branch and Account No.				
AMOUNT & DEDUCTION DATE				
I would like to save the sum of E order from date: 20 21 25	which I will (Tick) 26 28 31 1		tanding	
order of from date. 200 210 25		30		
	BENEFICIARIES			
DENIFICIARY NAME & CURNAME	DELATIONSLUD	DEDCEMENCE	CONTACT NU	MADED
BENEFICIARY NAME & SURNAME	RELATIONSHIP	PERCENTAGE (100%)	CONTACT NU	IMBER
BENEFICIARY NAME & SURNAME	RELATIONSHIP	PERCENTAGE (100%)	CONTACT NU	IMBER
BENEFICIARY NAME & SURNAME	RELATIONSHIP		CONTACT NU	IMBER
BENEFICIARY NAME & SURNAME	RELATIONSHIP		CONTACT NU	IMBER
BENEFICIARY NAME & SURNAME	RELATIONSHIP		CONTACT NU	IMBER
BENEFICIARY NAME & SURNAME	RELATIONSHIP		CONTACT NU	IMBER
BENEFICIARY NAME & SURNAME	T CO.OPERATIV	(100%)		IMBER
SAVINGS & CREDI	hereby declare that t	(100%)		IMBER
BENEFICIARY NAME & SURNAME L	hereby declare that t	(100%)		UMBER
lknowledge the above information is true	hereby declare that t	o the best of m		IMBER
Iknowledge the above information is true Signature:D Witness:	hereby declare that to	o the best of m	ny	IMBER
Iknowledge the above information is true Signature:D	hereby declare that to	o the best of m	ny	IMBER
Iknowledge the above information is true Signature:D Witness:	hereby declare that to	o the best of m	ny	IMBER
Iknowledge the above information is true Signature:D Witness:	hereby declare that te. ate: Signature:	o the best of m	ny	IMBER
Iknowledge the above information is true Signature:D Witness: (a) Name:	hereby declare that to. ate: Signature: NEXT OF KIN Surname:	o the best of m	ny	IMBER
Iknowledge the above information is true Signature:D Witness: (a) Name: Full Name:	hereby declare that to. ate: Signature: NEXT OF KIN Surname:	o the best of m	ny	IMBER
Iknowledge the above information is true Signature:D Witness: (a) Name: Full Name:	hereby declare that te. ate: Signature: NEXT OF KIN Surname: Contact Num FOR OFFICE USE	o the best of m	ny	IMBER
Iknowledge the above information is true Signature:D Witness: (a) Name: Full Name: Relationship: Membership Approved (YES/NO):	hereby declare that to the state: Signature: NEXT OF KIN Surname: Contact Num FOR OFFICE USE Reason for decline:	o the best of m	ny	IMBER
Iknowledge the above information is true Signature:D Witness: (a) Name: Full Name:Relationship:	hereby declare that to e. ate:Signature:Signature:Contact Num FOR OFFICE USEReason for decline:Approved By:	o the best of m	ny	IMBER