

Membership Number: LUB \_\_\_\_\_  
New Member: ☐ Re-Joining Member: ☐



### SECONDARY MEMBERSHIP PLAN

Member's full name (s): \_\_\_\_\_ Surname: \_\_\_\_\_ We Can  
(Singakhona)

Date of Birth DATE / MONTH / YEAR Place of residence: \_\_\_\_\_

Postal Address: \_\_\_\_\_

ID Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital 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 \_\_\_\_\_ which I will (Tick) deposit ☐ / standing order ☐ from date: 20 ☐ 21 ☐ 25 ☐ 26 ☐ 28 ☐ 31 ☐ 1 ☐ 5 ☐

#### BENEFICIARIES

BENEFICIARY NAME & SURNAME	RELATIONSHIP	PERCENTAGE (100%)	CONTACT NUMBER

I \_\_\_\_\_ hereby declare that to the best of my knowledge the above information is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

(a) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

#### NEXT OF KIN

Full Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### FOR OFFICE USE

Membership Approved (YES/NO): \_\_\_\_\_ Reason for decline: \_\_\_\_\_  
M/N \_\_\_\_\_ Branch: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Position: \_\_\_\_\_ Date: \_\_\_\_\_ Next person to take  
action: \_\_\_\_\_ Position: \_\_\_\_\_