

Plot 6 & 7 Erf No. 368 Mahleka Street P.O. Box 4307 Manzini Eswatini Tell: (+268) 2505 7249/ 4864 (+268) 3545 4864 Fax: (+268) 2505 7249 Email: <u>info@sibonelo.org.sz</u> Website: www.sibonelo.org.sz

MEMBERSHIP APPLICATION FORM

1.	NAME IN FULLP/B
2.	OCCUPATIONTEL/CELL:
3.	Postal address(Work)
4.	NAME OF EMPLOYER
5.	HOME AREA.
6.	NEAREST SCHOOLE-mail Address
7.	CHIEFINDVUNA
8.	REGIONPIN
9.	GRADED TAX NUMBER
	(TICK)
10.	I AM MARRIED/ SINGLE/WIDOWED DATE OF BIRTH
11.	Bank A/C numberNameBranch
12.	SPOUSE/ NEXT OF KIN Tel No
	NAME OF EMPLOYER (Spouse/Next of Kin)
14.	RECRUITERP/B
15.	If Application is accepted I agree to pay joining fee of Eand Share Capital of E
16.	I AGREE TO ABIDE BY ALL THE LAWS OF THE SOCIETY.



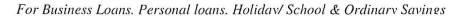
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17. BENEFICIARIES: N.B. In the event of death, I hereby submit the following as my beneficiaries.

NAME	RELATIONSHIP	PERCENTAGE (%)	
	799		





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B.F. 1. APPLICATION FORM FOR BURIAL SCHEME

I hereby make application for membership in the Sibonelo Savings and Credit Co-operative Society LTD Burial Scheme. I agree to adhere to and abide by the policies of the Burial Scheme as designed by Sibonelo.

FAMILY	
1.1 Member	
Name Pin Number	P/B No.
Work Address	Tel:
	Cell:
Home Area:	
Postal Address	
Present Employer	
Designation:	Area & Region:
Date of Birth:	Age (yrs)
Burial Nominee:	Date of Birth:
Family Support	Relationship

For Business Loans. Personal loans. Holiday/ School & Ordinary Savings

1.1 SPOUSE

Name:	Date of Birth:
1.3 CHILDREN	
1)	Date of Birth
2)	Date of Birth
3)	Date of Birth
4)	Date of Birth
5)	Date of Birth
6)	Date of Birth

How much monthly premium do you want to pay (member)?

Premium

E75.00

E30,000.00

E50.00

E20,000.00

The scheme currently allows a member to join for extended family (incl. additional spouse and children – max 4 people)

Please choose which premium you prefer for you dependent by ticking

Age	E10,000.00 Monthly rate per person	E20,000.00
<=30	4.02	8.05
31-40	10.74	21.47
41-50	12.94	25.88
51-60	15.94	31.88
61-65	20.70	41.40
66-70	24.95	49.89
71-75	37.55	75.11
76-80	52.60	105.21
81-85	82.16	164.32
>85	144.69	289.38

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	Date of Birth
	Date of Birth
	Date of birth
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ADDITIONAL GYAY DDDA	PREMIUM
ADDITIONAL CHILDREN	
The state of the s	Date of Birth
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400	Date of Birth
	Date of Birth
	Date of Birth

4. DEPENDANTS	ABOVE 24 YEARS		
1)	-	Date of Birth	
2)		Date of Birth	
3)		Date of Birth	
4)		Date of Birth	
		PREMIUM	
5 PARENTS			
1) FATHER		Date of Birth	
2) MOTHER		Date of Birth	
		PREMIUM	
6. PARENTS IN	N-LAWS		
1)		Date of Birth	
2)		Date of Birth	
		PREMIUM	

N.B. The following information must be submitted with this application:
a) Original birth certificates of all persons to be covered on Burial Scheme

b) Marriage certificates for Spouse(s)

c)	Proof of dependa	nts above age of 24	, whether	by virtue of	being scholars of	or disability.
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TOTAL PREMIUM				
I hereby certify that all information give	en above is true and free of material misstatement.			
Signature	Date			
787 ALS				
FOR OFFICE USE 1) Application Approved Reasons for Rejection: Finance/Manager:	Application Rejected			
rmance/wanager:	Date			



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STOP ORDER DEDUCTION AUTHORISATION FORM The Accountant The Treasury Department Dear Sir/Madam Re: Employee Stop order Deduction Request I hereby request and authorize you to deduct from my salary the amount of money specified below, until you receive notice to the contrary in writing from Sibonelo Savings and Credit Co-operative Society LTD. Name: Sibonelo P/B No. **Employment Number** Department (Indicate By cross or tick) Increase Decrease Delete New **Commencing Date** Amount Employee's Signature THIS AUTHORITY IS TO REMAIN IN FORCE UNTIL CANCELLED BY SIBONELO SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD. **Special Instruction:** All deductions to be remitted to Sibonelo Savings and Credit Co.operative ------------------For office use Only **Ordinary Savings** E..... Long Term Loan E..... **Holiday Savings** E..... Mid Term Loan E..... **Burial Premium** E..... Farm Input Loan E..... Children's Savings E..... **Short Term Loan** E.... **Dlanubeke Savings** E..... Shares E.... **School Savings** E..... Other (SPECIFY) E..... **Subscriptions** E..... TOTAL Signature Designation **Checked and Certified Correct**

For Business Loans. Personal loans. Holiday/ School & Ordinary Savings



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BANK DEBIT ORDER DEDUCTION AUTHORISATION FORM

Name: Sibonelo P/B No.					
BANK:		Branch:			
ACCOUNT:	MES				
Please make sure you	r bank account numbe	er and branch code are	correct.		
Date to effect debit or	rder: 18	21	28		
(Indicate By cross or t	ick)				
Increase	Decrease	Delete	New		
Amount	Emp	loyee's Signature			
THIS AUTHORITY IS TO REMAIN IN FORCE UNTIL CANCELLED BY SIBONELO SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD. Special Instruction: All deductions to be remitted to Sibonelo Savings and Credit Co-operative Society LTD For office use Only					
Ordinary Savings	E M	Long Term Loan	E		
Holiday Savings	E	Mid Term Loan	E		
Burial Premium	E	Farm Input Loan	E		
Children's Savings	E	Short Term Loan	E		
Dlanubeke Savings	E	Shares	E		
School Savings	E	Other (SPECIFY)	E		
Subscriptions	E				
Signature	Doto	TOTAL E			
Signature Date Designate					
Checked and Certified Correct					

For Business Loans, Personal Loans, Holiday/ School & Ordinary savings

