# Sibonelo Savings &
# Credit Co-operative Society Ltd.

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: info@sibonelo.org.sz
Website: www.sibonelo.org.sz

## MEMBERSHIP APPLICATION FORM

1. **NAME IN FULL……P/B……**
2. **OCCUPATION……TEL/CELL:……**
3. **Postal address(Work)……Home……**
4. **NAME OF EMPLOYER……**
5. **HOME AREA……**
6. **NEAREST SCHOOL……E-mail Address……**
7. **CHIEF…… INDVUNA……**
8. **REGION……PIN…… ……**
9. **GRADED TAX NUMBER……**

   **(TICK)**
10. **I AM MARRIED/ SINGLE/WIDOWED DATE OF BIRTH……**
11. **Bank A/C number……Name……Branch……**
12. ***SPOUSE/ NEXT OF KIN ……Tel No……***
13. ***NAME OF EMPLOYER (Spouse/Next of Kin)……***
14. ***RECRUITER……P/B……***
15. **If Application is accepted I agree to pay joining fee of E……and 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 (%) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**18. Signature of applicant:……Date……**

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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 _____ P/B No. _____

Pin Number _____

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 _____

### 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 |

2. **ADDITIONAL SPOUSE & HER CHILDREN**

**2.1 Spouse**

**Name** _____ **Date of Birth** _____

**2.2 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** _____

**PREMIUM** _____

3. **ADDITIONAL CHILDREN**

1) _____ **Date of Birth** _____

2) _____ **Date of Birth** _____

3) _____ **Date of Birth** _____

4) _____ **Date of Birth** _____

5) _____ **Date of Birth** _____

**PREMIUM** _____

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-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 dependants above age of 24, whether by virtue of being scholars or disability.**

**TOTAL PREMIUM** [ ]

**I hereby certify that all information given above is true and free of material misstatement.**

**Signature** [ ] **Date** [ ]

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**FOR OFFICE USE**

**1) Application Approved** [ ] **Application Rejected** [ ]

**Reasons for Rejection:**.....

**Finance/Manager:**.....**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 Society LTD**

**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** E

**Signature** _____ **Date** _____ **Designation** _____

**Checked and Certified Correct**

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## BANK DEBIT ORDER DEDUCTION AUTHORISATION FORM

**Name:** _____ **Sibonelo P/B No.** _____

**BANK:** _____ **Branch:** _____

**ACCOUNT:** _____

**Please make sure your bank account number and branch code are correct.**

**Date to effect debit order: 18** ☐ **21** ☐ **28** ☐

*(Indicate By cross or tick)*

**Increase** ☐ **Decrease** ☐ **Delete** ☐ **New** ☐

**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 Society LTD**

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| **Ordinary Savings** | E..... | **Long Term Loan** | E..... |
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| **School Savings** | E..... | **Other (SPECIFY)** | E..... |
| **Subscriptions** | E..... | | |
| | | **TOTAL** | E ☐ |

**Signature** _____ **Date** _____ **Designate** _____

**Checked and Certified Correct**

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