

SEKUNJALO MULTI PURPOSE MEMBERSHIP APPLICATION FORM

Plot 6 & 7 of ERF No. 368
Mahleka Street
Manzini, Eswatini

Tel: +268 2505 7249 / 4864
email: info@sibonelo.org.sz
website: www.sibonelo.org.sz

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. If Application is accepted I agree to pay joining fee of E.....and Share Capital of E.....
 15. I AGREE TO ABIDE BY ALL THE LAWS OF THE SOCIETY.

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

Name	Relationship	ID NO	Percentage

17. Signature of applicant:.....Date.....