



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

Fax: (+268) 2505 7249

Email: info@sibonelo.org.sz

Website: www.sibonelo.org.sz

SPECIAL MEMBERSHIP APPLICATION FORM

1. NAME.....Member No.
2. OCCUPATION.....TEL/CELL:.....
3. NAME OF EMPLOYER.....
4. HOME AREA.....
5. NEAREST SCHOOL.....
6. CHIEF..... INDVUNA.....
7. REGION.....ID NUMBER.....
8. EMPLOYMENT NUMBER.....E-mail.....
9. I AM MARRIED/ SINGLE/WIDOWED - DATE OF BIRTH.....
Tick
10. Bank A/C number.....
11. Bank Name.....Branch.....
12. SPOUSE/NEXT OF KINTel No.....
13. ID number (Spouse/Next of Kin).....
14. RECRUITER.....MemberNo.....
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.

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

"Cut the  of Poverty"

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

Name	Relationship	ID Number / Date of Birth	(%)

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



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

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.

1. FAMILY

Member

Name: Member No:

ID Number:

Cell No: E-mail:

Present Employer:

Work Address: Region:

Position:

Home Area:

Date of Birth: Age (yrs):

Burial Nominee: Date of Birth:
Relationship:

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

"Cut the  of Poverty"

1.1 SPOUSE

Name:

Date of Birth:

1.2 Children

	Name	Date of Birth
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

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

Premium

E101.00 E54,000.00

E72.00 E44,000.00

The scheme currently allows a member to join for extended family (incl. additional spouse and children – max 6 people)

Please choose premium you per age of dependent by ticking

Age	E20,000.00
< = 30	8.46
31-40	22.58
41-50	27.22
51-60	33.53
61-65	43.54
66-70	52.47
71-75	78.99
76-80	110.65
81-85	172.82
>85	304.36

2. DEPENDENTS

	Name	Date of Birth
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

3. PARENTS

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

4. PARENTS IN-LAWS

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

N.B. The following information must be submitted with this application:

- a. Copies of birth certificates for all persons to be covered on Burial Scheme
- b. Marriage certificates for Spouse(s)
- c. Proof of dependents 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

FOR OFFICE USE

1. Application Approved

☐

2. Application Rejected

☐

Reasons for Rejection:.....

Finance/Manager:.....**Date.**.....



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

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 ☐

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

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.....	Emergency Loan	E.....
Shares	E.....	Joining Fee	E.....
School Savings	E.....	Career fund	E.....
Additional Loan	E.....	Sibekelo Fund	E.....
Subscriptions	E.....		

TOTAL

E	
---	--

Commencing Date _____ Amount E _____

Date _____ Member's Signature _____

Checked and Certified correct

Date _____ SIBONELO OFFICER _____

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

"Cut the  of Poverty"