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 _____ 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. EMPLOYMENT TYPE (tick): PERMANENT ☐ Check SEASONAL ☐ Check CONTRACT ☐ Check

10. I AM MARRIED (tick) ☐ Check SINGLE ☐ Check WIDOWED ☐ Check

11. DATE OF BIRTH _____

12. Bank A/C Number _____

13. Bank Name _____ Branch _____

14. SPOUSE/NEXT OF KIN _____ Tel No _____

15. ID number (Spouse/Next of Kin) _____

16. RECRUITER _____ MemberNo _____

17. If Application is accepted I agree to pay joining fee of E _____ and Share Capital of E _____

18. I AGREE TO ABIDE BY ALL THE LAWS OF THE SOCIETY.

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

Name	Relationship	ID Number / Date of Birth	(%)

Signature of Applicant | | **Date** | |

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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 Addresss: _____ Region: _____

Position: _____

Home Area: _____

Date of Birth: _____ Age (yrs) _____

Burial Nominee: _____ Date of Birth: _____

Relationship: _____

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1.1 SPOUSE

Name:		**Date of Birth**	

1.2 Children:

	Name	**Date of Birth**
1.		
2.		
3.		
4.		
5.		
6.		

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 prefer 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	☐
76-75	110.65	☐
76-80	172.82	☐
>85	304.36	☐

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2. DEPENDENTS

	Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

3. PARENTS

	Name	Date of Birth
1.		
2.		

4. PARENTS IN-LAWS

	Name	Date of Birth
1.		
2.		

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NB: 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 the 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:**

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STOP ORDER DEDUCTION AUTHORISATION FORM

The Accountant
The Treasury Department

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 ABD 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**	**Long Term Loan E**	
Burial Premium	**E**	**Long Term Loan E**	
Children's Savings	**E**	**Long Term Loan E**	
Dlanubeke Savings	**E**	**Long Term Loan E**	
Shares	**E**	**Long Term Loan E**	
School Savings	**E**	**Long Term Loan E**	
Additional Loan	**E**	**Long Term Loan E**	
Subscriptions	**E**	**Long Term Loan E**	

TOTAL E _____

Commencing Date: _____ **Amount** _____

Date: _____ **Member's Signature:** _____

Checked and Certified Correct

Date: _____ **SIBONELO OFFICER:** _____