



HLALAWATI SAVINGS AND CREDIT CO-OP SOCIETY LTD

P. O. BOX 6360, MANZINI, SWAZILAND

TEL: +268 2518 5203, 2518 7636 | EMAIL: info@hlalawati.co.sz | WEB: www.hlalawati.co.sz

MEMBERSHIP APPLICATION FORM

Full Name: Sex.....

Employment No: Rank:

Date of Birth..... ID/Passport Number:

Marital Status Single Married Tel/ Cell No:

Email Address:

Centre Number: Unit:

Sub-Unit/Base: Country of Residence:

Residential Address: Postal Address:

Chief: Indvuna:

Bank Details:

Name of Bank..... Branch: Account No:

Next of Kin:

1. Name: Relationship: Contact

Place of Employment Physical Address

2. Name: Relationship: Contact

Place of Employment Physical Address

I hereby authorise the Co-operative to make deductions from my salary as per the attached stop-order form and I agree to abide by the by- laws of the Co-operative Society and any amendments thereof. I further declare that to the best of my knowledge all information provided above is true and correct.

Signature of Applicant Date:

RECRUITER:

Name.....P/B No.....Employment. No.

NB Application to be accompanied by copy of latest pay slip, copy of national ID, proof of residence and passport size photo

NOMINATION OF BENEFICIARY

I, the undersigned, in the event of death while still a member of the society, hereby instruct you that all my dues less my debts to the society should be paid to the person(s) named herein as my nominated beneficiary(ies).

Nominee's Full Name	ID Number	Relationship	Cell Number	%	Guardian (if applicable)

WITNESS

Full Name:

Member Number..... Date:

Contact..... ID:

FOR OFFICE USE ONLY

Membership Approval

Membership Number

Approved by: Signature:

Date of Approval:



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STOP ORDER FORM

I _____ P/B _____ authorise the society to deduct
an amount of E _____ from my salary with effect from _____ in respect of the
following items:

ITEM	E
Joining fee	
Shares	
Member deposit	
Burial premium	
Credit life contribution	
Other	
Total	

Signature of member _____ Date _____

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Processed by: _____ Date _____

Checked by: _____ Date _____