



HLALAWATI SAVINGS AND CREDIT CO-OP SOCIETY LTD

P. O. BOX 6360, MANZINI, SWAZILAND

TEL: +268 2518 5203 | FAX: +268 2518 7636 | EMAIL: info@hlalawati.co.sz

MEMBERSHIP APPLICATION FORM

Name:.....Female/Male (circle)

Date Of Birth.....ID/Passport number:.....

Marital Status (circle) Single / Married Tel/ Cell No.....

Email address

Centre numberUnit.....

Employment No:Rank.....

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.....member number.....Empl. 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

Name of witness.....Surname.....

Member number..... Date.....

Contact.....ID.....

FOR OFFICE USE ONLY

Membership approval

Membership number

Approved by:Signature.....

Date of approval.....

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:

- Joining fee E_____
- Shares E_____
- Member Deposit E_____
- Burial premium E_____
- Credit life contribution E_____
- Other _____ E_____

Total E_____

Signature of member _____ Date _____

For office use only

Processed by: _____ Date _____

Checked by: _____ Date _____