

BUNYE BETFU BUHLE BETFU

Savings and Credit Co-operative Society



P.O. Box 3053 MBABANE

TEL: 24041825 / 24048158

MEMBERSHIP KYC FORM

Instruction: Please complete in BLOCK letters. Tick where applicable.

1) Member Details

Item	Details
Full names	
Identification number	
Gender	
Member Number	
Employee number (if applicable)	
Details of employer (Ministry and Department)	
Residential address (physical location)	
Postal address	
Telephone (work)	
Telephone (home)	
Mobile	
Email Address	
Next of Kin (Name and Contact)	

2) Declaration by Member

I, the undersigned, (**adult male/adult female**) (delete whichever is not applicable), hereby declare that I am an adult (**male/female**) residing at the **above residential address**.

I confirm that an **original** _____
(describe the proof of residence document provided, e.g., utility bill/lease agreement/letter from local authority, etc.)

was produced to verify my residential address and is **attached hereto**.

Executive Committee: F. Lukhele, E. Ndlovu, N. Simelane, T. Ntshalintshali

www.bunyebetfu.co.sz
bunyebetfu@realnet.co.sz

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3) Signature & Date

Member's Signature _____

Date ___ / ___ / ___

4) Banking Details

Bank Name: _____ Branch: _____

Account number: _____ Account Type: _____

Source of Funds: _____

5) Documents to be Attached by the Member (Return with the form)

Please attach **certified/verified copies** as required by the SACCO, and include originals if requested by the office:

1. **Certified copy of ID**

2. **Current Payslip**

3. **Proof of Residence (attach one):**

Bill (e.g., utility/service bill showing member name and residential address)

OR

Affidavit (sworn statement confirming residential address)

4. **Bank Statement (Current Month)**

5. **MOMO Statement Notes for members: Ensure documents are clear, legible, and show your names and momo number.**

5) For Office Use Only

Supervisor's Signature _____

Date Received ___ / ___ / ___

Office Stamp (if applicable) _____

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