BUNYE BETFU  **BUHLE BETFU**
SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED
email: bunyebetfu@realnet.co.sz **P.O. Box 3053**
TEL: 2404 1825 **MBABANE**

MEMBERSHIP FORM

AUTHORISATION TO DEDUCT FROM SALARY FEES PAYABLE TO BUNYE BETFU BUHLE BETFU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LIMITED

TO: BUNYE BETFU BUHLE BETFU SAVINGS & CREDIT CO-PERATIVE SOCIETY LIMITED

I confirm that:

1(a) I am employed by the Swaziland Government/……

(b) The Society is authorized to request my employer to deduct from my salary due to me the amount of the under listed amounts each calendar month and thereafter remit the amount of my monthly savings, insurance premium and (shares until fully paid) to the said society;

I. Savings E ……..

II. Shares E …….

III. Insurance premium E ……

2. This authorization takes effect from the end of the month shown below or the month following next.

3. This authorization remain valid until the society notifies my employer of any revocation by me.

PERSONAL PARTICULARS:

FULL NAMES: …… ……..

CELL NO……PHONE (WORK) ……..

EMAIL ADDRESS …….

EMPLOYMENT NUMBER (IN BLOCKS PROVIDED BELOW)

SIGNATURE: …… DATE: …….....

MINISTRY/DEPARTMENT: ……
……...

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MEMBERSHIP NO.....

MEMBERSHIP APPLICATION CARD

I hereby make an application for membership in the: .....
Savings & Credit Co-operative Society Limited

GENDER.....

1. Names (In Full): .....(CAPITAL LETTER)
2. OCCUPATION: .....
3. POSTAL ADDRESS: .....
4. RESIDENTIAL ADDRESS: .....CHIEF: .....INDVUNA: .....
5. I AM MARRIED/SINGLE: .....DATE OF BIRTH: .....
6. NAME OF EMPOLYER/MINISTRY.....
7. NATIONAL ID NUMBER: .....
8. I AGREE TO MAKE A MINIMUM SAVINGS OF E .....PER MONTH
9. IF APPLICATION IS ACCEPTED I AGREE TO PAY AN ENTRANCE FEE OF: ....., SHARE CAPITAL OF E: ..... AND ANNUAL SUBSCRIPTION OF E: .....
10. I AGREE TO ABIDE BY ALL THE LAWS OF THE SOCIETY.
11. NOMINEE (S)

11.1.....D.O.B.....RELATIONSHIP.....

11.2.....D.O.B.....RELATIONSHIP.....

11.3.....D.O.B.....RELATIONSHIP.....

11.4.....D.O.B.....RELATIONSHIP.....

NOMINEE's CONTACTS 1: ..... 2: .....3: .....

12. MEMBER's BANKING DETAILS: BANK: .....

ACCOUNT NO: .....

BANK BRANCH: .....

SIGNATURE: ..... DATE OF ADMISSION: .....

FOR OFFICE USE ONLY

Authorized by: .....

Signature: .....

Date: .....

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MEMBERSHIP APPLICATION CARD EDUCATION /SCHOOL SAVINGS SCHEME

I hereby make an application for membership in the Education/School Saving Scheme under Bunye Betfu Buhle Betfu Savings & Savings Co –operative Society Limited
MEMBERSHIP NO.....

1. Name (In Full): .....

2. IDENTITY NUMBER: .....

3. I AM MARRIED/SINGLE: .....

4. DATE OF BIRTH.....

4. CELLPHONE NUMBER: .....

5. OCCUPATION: .....

6. RESIDENTIAL ADDRESS: .....CHIEF: .....

INDVUNA: .....

7. NAME OF EMPOLYER/MINISTRY: ……

8. ADDRESS OF EMPLOYER: ……..

9. I AGREE TO MAKE A MINIMUM SAVINGS OF E…….. PER MONTH FOR A PEROID OF TWELVE MONTHS STARTING FROM ……. TO …….

10. I AGREE TO ABIDE BY THE EDUCATION /SCHOOL SAVINGS LOAN POLICY, THE EDUCATION LOAN POLICY AND ALL OTHER LAWS OF THE SOCIETY.

11. MEMBER's BANKING DETAILS: BANK.....
ACCOUNT NO: .....
BANK BRANCH: .....

SIGNATURE: ..... DATE OF APPLICATION: .....

FOR OFFICE USE ONLY
Authorized by: .....

Signature: .....

Date: .....

Executive Committee: N. Nkambule, G. Mbuyisa, N. Simelane, F. Shongwe

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MEMBER CONFIRMING RESIDENTIAL ADDRESS – KYC FORM

I the undersigned,

Full names	
Identification number	
Residential address	
Postal address	
Telephone (work)	
Telephone (Home)	
Mobile	
Bunye Betfu Member Number	
Employee number	

Hereby declare that I am an adult male/female *(delete whichever is not applicable)* residing at the above address. I confirm that an original

_____ *(describe proof of residence document provided)*

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

Date	
Member's Signature	

For office use only

Front Desk Supervisor's signature	

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INDIVIDUAL CONFIRMING ANOTHER INDIVIDUAL'S RESIDENTIAL ADDRESS

I the undersigned,

Full names	
Identification number	
Residential address	
Postal address	
Telephone (work)	
Telephone (Home)	
Mobile	

Hereby declare that I am an adult male/female *(delete whichever is not applicable)* residing at the above address. I confirm that

_____ *(full names and surname of member of Bunye Betfu Buhle Betfu Savings and Credit Society)* of identification number _____, is my_____ *(state relationship)* and resides with me at the aforementioned address.

I confirm that an original_____ *(describe proof of residence document provided)* was produced to verify my residential address and is attached hereto. I have also provided _____ *(describe proof of relationship)* to confirm the above mentioned relationship.

Declarer's Signature	
Date	
Member's Signature	

For office use only

Front Desk Supervisor's signature	

APPLICATION FOR GROUP SCHEME MEMBERSHIP WITH EXTENDED FAMILY BENEFITS

SAFRICAN
SWAZILAND INSURANCE COMPANY
Preparing for tomorrow, today

Tick the appropriate box:
New Application ☐ Amendment to Existing Policy ☐

Membership Inception date:_____/_____/_____.

Name of Company or Funeral Scheme: BUNYE BETFU BUHLE BETFU **Scheme No:_____**

PRINCIPAL MEMBER'S DETAILS

SURNAME:	FIRSTNAMES:	DATE JOINED COMPANY	STAFF NUMBER:
DATE OF BIRTH:	IDENTITY NO:	MARITIAL STATUS:	TELEPHONE NO:
PHYSICAL ADDRESS:			CODE
POSTAL ADDRESS:			CODE

SPOUSE'S DETAILS

SURNAME:	FIRST NAMES:	IDENTITY NUMBER	DATE OF BIRTH:

PRINCIPAL MEMBER'S CHILDREN

NAME AND SURNAME	ID NUMBER / DATE OF BIRTH	NAME AND SURNAME	ID NUMBER / DATE OF BIRTH
1		2	
3		4	
5		6	
7		8	

WIDER CHILDREN'S COVER

NAME AND SURNAME	ID NUMBER / DATE OF BIRTH	NAME AND SURNAME	ID NUMBER / DATE OF BIRTH
1		2	
3		4	
5		6	
7		8	

EXTENDED FAMILY DETAILS

NAME AND SURNAME	ID NUMBER	RELATIONSHIP	PREMIUM AMOUNT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PLEASE NOTE:

- Option to join must be within 6 (six) months of joining the Company
- Where a premium is underpaid, the benefit payable in respect of a claim will be reduced in proportion to the under payment

EXTENDED FAMILY PREMIUMS	**E**
PLUS: BASIC FUNERAL PREMIUM	**E**
WIDER CHILDREN PREMIUMS	**E**
TOTAL PREMIUM	**E**

BENEFICIARY NOMINATION:

I hereby nominate the following person/s, who is/are my dependent/s or nominee/s for any benefits due to be paid from the scheme in the event of my death.

SURNAME & TITLE	FIRST NAME AND INITIALS	RELATIONSHIP TO MEMBER	ID NUMBER

Debit order Authority:

Name of Bank:_____ Branch Code:_____

Branch: _____ Account No:_____

Name of accountholder:_____

Account type: ☐ Cheque ☐ Savings ☐ Transmission

I hereby authorize Safrican Insurance Company Limited to commence debit order withdrawal from my account on: (tick appropriate date of the month).☐**1st** ☐**15th** ☐**20th** ☐**25th** ☐**31st** day of the month and monthly thereafter for the premium applicable for the cover selected. I grant this authority on the condition that, should I decide to cancel the policy within 30 days of signing the application, by advising Safrican in writing of my intent to cancel, all payments made from this account towards the Funeral Benefit Plan will be refunded in full. I understand that the debit order will be run on the date selected. In the event of this run being dishonored the policy will lapse, subject to the grace period as stipulated under the terms and conditions. I understand that this signed document is required in the Safrican Office 10 working days prior to the elected deduction date, if not; the deduction will only qualify for the following calendar month's deductions.

DECLARATION:

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium.

****NB: If the participant is over the age limit when joining, the claim will be repudiated and premiums refunded.**

_____

PRINCIPAL MEMBER'S SIGNATURE **DATE: ……**

For Office Use only

POLICY NO:	DATE:	MEMBER GROUP NO: