



Orapa SACCOS  
 P. O. Box 1683 Orapa  
 2970996  
 2970485 ext. 2982  
 info@orapasaccos.co.bw  
 www.orapasaccos.co.bw

## NKGODISA SAVINGS PLAN APPLICATION FORM

### APPLICANT' PERSONAL DETAILS

MEMBERSHIP NUMBER:

FIRST NAME:

SECOND NAME:

LAST NAME:

DOB:

ID NUMBER:

GENDER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

### PRINCIPAL MEMBER INFORMATION

FIRST NAME:

SECOND NAME:

LAST NAME:

MOBILE NO:

TEL. (W)

TEL. (H)

EMAIL ADDRESS:

### AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

I \_\_\_\_\_ OF SECURITY NO \_\_\_\_\_ HEREBY  
 AUTHORIZE ORAPA SACCOS TO DEDUCT THE SUM OF \_\_\_\_\_ (REPEAT IN WORDS)

FROM MY SALARY EVERY MONTH WITH EFFECT FROM \_\_\_\_\_ UNTIL FURTHER  
 NOTICE.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICIAL USE

APPROVED

NOT APPROVED

Comment (if not approved)

CHAIRPERSON: \_\_\_\_\_ DATE: \_\_\_\_\_

VICE CHAIRPERSON: \_\_\_\_\_ DATE: \_\_\_\_\_