MEMBERSHIP APPLICATION FORM

01 April 2025
Issue # 2

PERSONAL DETAILS		*Office use* **Member #:**
Name:		
Date of birth:	ID #:	
Contact #:	WhatsApp #:	Email:
Postal address:	Physical address:	
	Chief:	

EMPLOYMENT DETAILS		
Name of employer	*Co. #*	*Telephone #*

NEXT OF KIN		
Name	*Relationship*	*Contact #*
ID #		

	BENEFICIARIES			
Name	*Relationship*	ID #	Contact #	*%*

BANKING DETAILS		
Bank	*Branch*	*Account #*

REFERRAL		
Name	*Membership #*	

Initials	

*If my application is accepted, I commit to make minimum savings of **E 200/ E 300/ E 500** per month through the bank debit order. I further agree to pay a once-off entrance fee of **E350.00** and share capital of **E6 000.00**, and annual subscriptions as may be determined by the Board.*

I undertake to abide by the Bye Laws, Acts, Regulations and Policies governing the Society.

*Signature*_____ *Date* _____

For Office use Only		
Approved / Rejected	*Signature*	*Date*
Reason(s) if rejected		

Yetfu Sonkhe Savings & Credit Co-operative Society
P.O. Box 171, Mhlume, L309
Tel: 2313 1686
Fax: 2313 1250
Cell: 7690 1482
E-mail: info@yetfusonkhe.co.sz
www.yetfusonkhe.co.sz

Debit Order -Deduction Form

Member's Name: _____Member No. _____

Member's Bank Account No.: _____

Name of the Bank: _____

Branch: _____

Branch Code: _____

Date First Payment: _____

Date Last Payment: _____

Pay Amount: _____

Amount in Words: _____

I hereby authorise Yetfu Sonkhe SACCOS to deduct the amount stated above from my bank account.

Member's Signature: _____ Date: _____

Society's Stamp