

Appendices

a) Membership application form

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Reg. No: 2005/000213/24

P.O BOX 5032 Mmabatho. 2735, Tel: (018) 384 2644/4669, Fax: (018) 384 2886

ACCOUNT NO:

PLEASE ACCEPT THIS APPLICATION AS MY REQUEST FOR MEMBERSHIP:

Title:First Name:Surname:

Date of Birth:/...../..... ID Number:

Postal Address: Home Address:

.....
.....
.....

Home Tel: Work Tel:

Cell No: Employee No:

MEMBERSHIP DECLARATION

As a member of Boikago SACCO, I undertake to support the principles of the SACCO, the spirit of co-operation and democracy, abide by credit rules and save and repay loans regularly.

Attached is my R 100.00 membership fee and R 500.00 for my joining fee.

Signed: Date:

For SACCO Office:

App/Date	Comm/Bond	Address	E/Fee	S/Fee	BOD Date	BOD APPR	Welcome	Company

Comments:

DESIGNATION OF BENEFICIARY

This designation shall only be effective when delivered and filed with Boikago SACCO duly executed by an insured member and during the lifetime of the beneficiary designated (PLEASE PRINT)

Member Number: Date:

Ibeing a member of BOIKAGO SACCO
(FULL NAMES OF MEMBER) do hereby designate:-

Name of Beneficiary	Relationship	Address	Code	%

As my beneficiary, if living to receive any all sums of money paid under and by virtue of the terms and conditions of the life Insurance Contract of the Best Funeral Society to Boikago SACCO. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent Designation of Beneficiary form shall constitute a change of beneficiary. Payment proceeds to a designated beneficiary or, if none, to the beneficiary determined by Boikago SACCO as entitled to such proceeds under said Contract shall discharge Boikago SACCO from any and all liability to the extent of such payment.

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Witness

.....
signature of member (DO NOT PRINT)

Explanation: (English)

The purpose of this form is to instruct the SACCO who to pay your Life and Loans benefits to when you die. Without this form it may take a long time for the SACCO to determine who is legally entitled to receive your insurance benefits after your death. All that is needed is your name, the name and address of your beneficiary how they are related to you, if at all and your signature that must be witnessed by another person (but not the beneficiary). The SACCO will keep this form. You may change your beneficiary by submitting a new Designation of Beneficiary form at any time.