

Membership Number: LUB_____

New Member:

Re-Joining Member:



LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY

APPLICATION FOR MEMBERSHIP

Surname: **Names:**

Page | 1

Date of Birth: / / **Place of Birth:** **Gender:**

Marital Status: **Chief:** **Indvuna:**

Tax Identity/Graded Tax:

Employer:

Occupation: **Employer NO.**

Bank Name, Branch & Account No.
.....
.....

BENEFICIARIES:

FULL NAME & SURNAME	RELATIONSHIP	PERCENTAGE (%)
-----	-----	-----%
-----	-----	-----%
-----	-----	-----%
-----	-----	-----%

I _____ declare that the above nominated person(s) shall provide additional identification such as birth, marriage, other _____ (specify) in order to qualify for the benefits.

Signed: **Date:**

WITNESSESS

(a) Name: Signature:

(b) Name: Signature:

REFERRAL INFORMATION SECTION

How did you find out about Lubane SACCO Ltd: (Please Tick)

Social Media Website Friend, Colleague or Relative
 Electronic/Print Media Other

Initial: _____

LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD
MEMBERSHIP REGISTER

FULL NAME & SURNAME:

Page | 2

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

PIN NUMBER:

CONTACT NO: (MTN) _____ (Eswatini Mobile)_____

Mobile App/USSD *150# Activation Contact Number:

EMAIL ADDRESS:

SIGNATURE: **DATE:**

WITNESS

SIGNATURE: **DATE:**

FULL NAME:

NEXT OF KIN (1)

Full Name: **Relationship:**

Cellphone Number: **Work No.**

Place of Residence:

NEXT OF KIN (2) OPTIONAL

Full Name: **Relationship:**

Cellphone Number: **Work No.**

Place of Residence:

Initial: _____

LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY
BENEFICIARY FORM

Every member may nominate a beneficiary to receive any benefit payable under the co-operative on the death of the member. If there is some dispute involving the co-operative, this register can be used as evidence in court.

Page | 3

I..... Membership Number:
LUB_____ hereby nominate the following as my beneficiaries: -

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NAME & SURNAME:		RELATIONSHIP:	
ID NUMBER:		CONTACT NO.	
Benefit Percentage:	_____ %		

NOTE: Benefit Percentage should sum up to 100%.

SIGNATURE: **DATE:**

Initial: _____

WITNESS

SIGNATURE: **DATE:**

FULL NAME:



LUBANE SAVINGS AND CREDIT CO-OPERATIVE SOCIETY

FROM:

NAME AND SURNAME

.....

TO:

LUBANE SACCO (Ltd)

P. O. Box A213

We Can
(Singakhona)

Date:

Swazi Plaza, Kingdom of Eswatini

Page | 4

Signed:

Company/Branch: *Membership Number:*

THE CHECK – OFF SYSTEM

Please deduct from my salary the sum of E..... in words

.....

Deduction Date: 20 21 25 26 28 31 1 5

Source Deduction:

Debit Order Deduction:

Joining Fee (E500.00): (Once-Off) Subscription Fee: E400.00 (Once-A-Year)

A. NON-WITHDRAWABLE SAVINGS ACCOUNTS (COMPULSORY)

Minimum Savings on Compulsory savings is E500.00. Savings are ONLY accessible upon termination of membership or retirement. There is a three (3) months waiting period on date of termination to access funds.

1. SHARE CAPITAL ACCOUNT E.....
2. ORDINARY SAVINGS ACCOUNT E.....
3. CLUB 45 (Retirement Savings) E.....

B. WITHDRAWAL SAVINGS ACCOUNTS (OPTIONAL)

The following are optional withdrawable savings accounts. A member can choose any of following savings accounts depending on their financial need. Savings are withdrawable anytime upon request. Minimum Contribution per Savings Account is E100.00

1. HOLIDAY FEE E.....
2. SCHOOL SAVINGS E
3. FIXED DEPOSIT E.....
4. INTFUTFWANE E.....
5. OTHER SAVINGS E.....
6. INVESTMENT E.....
7. SECONDARY E.....

Initial: _____

OFFICE USE ONLY

Recruited By (Name & Surname); _____ Date: _____ Recruited At (Physical Address); _____ Membership Number: LUB_____ Processed By (Name & Surname); _____ Position; _____ Date; _____ Signature; _____

CONFIRMATION SMS

CONFIRMATION EMAIL

MOBILE APP SMS

MEMBER PORTAL LINK