

Membership Number: LUB\_\_\_\_\_

New Member: ☐

Re-Joining Member: ☐



## LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY

### APPLICATION FOR MEMBERSHIP

Surname: ..... Names: .....

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: .....

### WITNESSES

(a) Name: ..... Signature: .....

(b) Name: ..... Signature: .....

### REFERRAL INFORMATION SECTION

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

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

Initial: \_\_\_\_\_

**LUBANE SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD**  
**MEMBERSHIP REGISTER**

Page | 2

**FULL NAME & SURNAME:** .....

**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: -

<b>NAME &amp; SURNAME:</b>		<b>RELATIONSHIP:</b>	
<b>ID NUMBER:</b>		<b>CONTACT NO.</b>	
<b>Benefit Percentage:</b>	_____%		

<b>NAME &amp; SURNAME:</b>		<b>RELATIONSHIP:</b>	
<b>ID NUMBER:</b>		<b>CONTACT NO.</b>	
<b>Benefit Percentage:</b>	_____%		

<b>NAME &amp; SURNAME:</b>		<b>RELATIONSHIP:</b>	
<b>ID NUMBER:</b>		<b>CONTACT NO.</b>	
<b>Benefit Percentage:</b>	_____%		

<b>NAME &amp; SURNAME:</b>		<b>RELATIONSHIP:</b>	
<b>ID NUMBER:</b>		<b>CONTACT NO.</b>	
<b>Benefit Percentage:</b>	_____%		

<b>NAME &amp; SURNAME:</b>		<b>RELATIONSHIP:</b>	
<b>ID NUMBER:</b>		<b>CONTACT NO.</b>	
<b>Benefit Percentage:</b>	_____%		

<b>NAME &amp; SURNAME:</b>		<b>RELATIONSHIP:</b>	
<b>ID NUMBER:</b>		<b>CONTACT NO.</b>	
<b>Benefit Percentage:</b>	_____%		

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**

.....

**Date:** .....

**Signed:** .....

**Company/Branch:** ..... **Membership Number:** .....

TO:

**LUBANE SACCO (Ltd)**

P. O. Box A213

**Swazi Plaza, Kingdom of Eswatini**

Page | 4

## 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** ☐