



Babereki SACCOS
316 2250
Plot 54354, Block B
Central Square Building
CBD, Gaborone

REFUND REQUISITION FORM

MEMBER DETAILS

NAME: _____ SURNAME: _____
Membership No: _____ Omang: _____
Tel: (H) _____ Cel: _____ Email: _____
Ministry/Parastatal: _____ Tel (w): _____

TYPE OF REFUND

Tick the relevant box.

Quick Loan instalment: Emergency Loan instalment
Ordinary Loan instalment Shares deduction: Other (specify)

Amount to be refunded _____ Month _____

Amount in words: _____

Member's Signature: _____ Date: _____

BANKING DETAILS

Bank Name: _____ Account Name: _____ Account
Number: _____ Branch: _____

FOR OFFICIAL USE

PREPARED BY: _____ DATE: _____

SIGNATURE: _____

CHECKED BY: _____ DATE: _____

SIGNATURE: _____

Attach copy of OMANG and Bank statement for banking details purposes

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