



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

SAVINGS ADJUSTMENT FORM

APPLICANTS DETAILS

First Name: _____ Surname: _____ Omang
No: _____ Gender: _____ Date of Birth: _____
Age: _____
Postal Address: _____
Physical Address: _____
Tel: _____ Cell: _____ Email: _____
Work Place: _____ Tel (W): _____

ADJUSTMENT DETAILS

I would like to adjust my monthly savings from: _____ to: _____ effective immediately.

Member's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Application Approved/Disapproved: _____

Signature: _____ Date: _____

NB: PLEASE ATTACH A COPY **OMANG AND LATEST ADVICESLIP** TO THIS APPLICATION