FAIRHEADS
Financial Services

FAIRHEADS PRESERVATION FUND NEW MEMBER APPLICATION FORM

PERSONAL DETAILS

SURNAME: _____

FULL NAMES: _____

DATE OF BIRTH: _____/_____/_____ GENDER: M/F (Please Tick)

OMANG: _____ (attach copy of Omang)

POSTAL ADDRESS: _____EMAIL ADDRESS_____

PHYSICAL ADDRESS: _____

CELL NUMBER: _____LANDLINE: _____

MARITAL STATUS: Single/ Married / Divorced / Widowed

DEFERRED TRANSER AMOUNT

P_____ Transfer Fund: _____

CONTRIBUTION

I would like to make regular contributions to the fund: YES/NO

Frequency: Monthly Quarterly B-annually Annually

Contribution Amount: P _____ (Minimum Contribution P500)

***Please note that you are required to make appropriate debit order arrangements with your bank**

Directors: L. Kgetse (Chairman), S. Godisang, K. Letsididi, M. Madisa, L. Masuku (Managing)

Plot 54368, I-Towers, CBD, Unit 3C, Gaborone
P.O. Box 404268, Gaborone, Botswana
Telephone 3975013

FAIRHEADS
Financial Services

MEMBER ACCOUNT DETAILS

Bank: _____ Branch: _____

Branch Code: _____

Account No: _____ Type: _____

Account Holder: _____

DETAILS OF NEXT OF KIN

SURNAME: _____

FULL NAMES: _____

RELATIONSHIP: _____

CELL NUMBER: _____LANDLINE: _____

Members Signature: _____ **Date**: _____

NB: This form should always be accompanied by a completed Nomination of Beneficiaries Form

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