



SNAT SAVINGS AND CREDIT COOPERATIVE SOCIETY

MEMBERSHIP APPLICATION FORM FOR NEW MEMBERS

I hereby apply for membership at the SNAT Savings and Credit Cooperative Society

1. Have you ever been a member of SNAT SACCO before? **YES / NO**
2. If yes, please provide your old membership number:
3. Terms of Employment: Permanent Temporary Pensioner
End of Contract

PERSONAL INFORMATION

4. SNAT SACCO No..... TSC No..... Union Member No.....
5. National ID Graded Tax No.....=.....=.....
6. Surname First Names
7. Residential Address (Home)
Directions to your place of Residence.....
.....
- Email Address
- Postal Address.....
8. Date of Birth..... Occupation.....
9. Telephone No.: Home..... Work Cell
10. Name of School School Code
11. School Address
12. Marital Status..... Chief Years of Service

BANK INFORMATION

13. Banker's name Account No.
Account type..... Branch. Code.....
Basic Salary E Net Income E

NEXT OF KIN INFORMATION

14. (A) Next of kin Relationship
- Contact Details Cell: Work
- Place of Residence:.....Chief.....
- Umgijimi: home directions:
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- (B) Next of kin Relationship
- Contact Details: Cell..... Work
- Place of Residence:.....Chief.....
- Umgijimi: home directions:
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BENEFICIARY INFORMATION

15. Full Name of Beneficiary (ies), National ID, and Ratio:

	Full Name	ID Number	Ratio	Relationship
1.
2.
3.
4.
5.
6.

16. In the event that all my primary beneficiaries are deceased or cannot be located, I hereby nominate the following as my contingent beneficiaries:

	Full Name	ID Number	Ratio	Relationship
1.
2.
3.

17. I agree to make a minimum savings of E400.00 per month and to abide by the rules of the Society. If the application is accepted, I agree to pay an entrance fee of E 500.00 and Share Capital of E5,400.00.

Signature of Applicant: **Date:**

CONSENT FORM

1. Purpose of Consent

This form confirms your voluntary agreement for SNAT SACCO to collect, process, and manage your personal information in compliance with the Eswatini Data Protection Act (where applicable), SACCO bylaws and regulations, the Financial Service Authority, and the eSwatini Cooperatives Societies Act, 7 of 2003.

2. Consent Provisions: Data Collection & Financial Processing

I authorize SNAT SACCO to collect and store my personal details, including salary information, contact details, bank statements, identity documents, and residential address. I further authorize SNAT SACCO to process my savings, loan applications, and dividend payments and conduct credit reference checks when necessary.

I further authorize SNAT SACCO to share required information with the Ministry of Education-Treasury Department (for salary deductions), Credit reference bureaus, auditors, and regulators when required by law.

3. Communication Authorization

I agree to receive official communications via SMS (transaction alerts, meeting notices), Email (statements, policy updates), and WhatsApp (for group announcements only). I agree to SNAT SACCO digital services (Mobile App and Member Portal) and agree to maintain the security of my login credentials.

Note: Marketing messages can be opted out anytime by notifying the SACCO office.

4. Special Provisions for Teachers

I authorize SNAT SACCO to deduct my salary for monthly contributions, to use of my teaching certificate number for verification, to use my Identity document for verification and to process education-sector specific loan products

5. General Authorizations

I permit the use of my photograph for SNAT SACCO identity card, testimonials (success stories) in annual reports, and marketing and contact details for AGM notifications.

6. Member Rights & Declarations

I understand I may request access to my data or withdraw consent (except where required by law). SNAT SACCO will protect my information according to its Data Protection Policy. This consent remains valid until I submit a written revocation.

Signature of Applicant: **Date:**

FOR OFFICE USE:

Form received by: Name: Designation:.....

Signature.....Date.....