



SWYS PLUS

"Marching forward....building wealth"

Account # _____

Date _____

Name _____
Surname Middle First

Date of Birth ____/____/____ Marital Status Single Married Divorced Widowed
Day Month Year

T.R.N of applicant _____

Address _____

Telephone _____
Home Mobile Work

Designed Beneficiary _____ Relationship _____

SWYS PLUS CONTRACT

Desired Plan

Monthly payment _____ Period (5 years and above) _____

At the end of the plan transfer my money to my **Share Account** **Deposit account** **Both** **No**

Member's Signature _____ Date ____/____/____
Day Month Year

INTERNAL USE ONLY

Enrollment taken by _____ Treasurer's/ Manager's Signature _____

.....