Namibia Medical Care
P.O. Box 24792
Windhoek, Namibia
Tel: 061 287 6040
Fax: 061 287 6059

EFT APPLICATION FORM

Your Bank Account Details

Membership No.

Account Holder's Surname

Initials

Account No.

Bank

Branch Name

Branch Code

Type of Account Current ☐ Savings ☐

Your Personal Details

Postal Address

Street Address

Telephone: Work

Home

Facsimile: Work

Home

Cell No.

Email:

Account Holder's Signature _____ Date D D M M Y Y

Member's Signature _____ Date D D M M Y Y

For Bank Use

I hereby confirm that the information provided herein is accurate, correct and complete.

Bank Official's Signature _____ Date D D M M Y Y

BANK STAMP