



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.	<input type="text"/>
Account Holder's Surname	<input type="text"/>
Initials	<input type="text"/>
Account No.	<input type="text"/>
Bank	<input type="text"/>
Branch Name	<input type="text"/>
Branch Code	<input type="text"/>
Type of Account	Current <input type="checkbox"/> Savings <input type="checkbox"/>

Your Personal Details

P.O. Box	<input type="text"/>
Street Address	<input type="text"/>
Telephone:	Work <input type="text"/>
	Home <input type="text"/>
Facsimile:	Work <input type="text"/>
	Home <input type="text"/>
Cell No.	<input type="text"/>
Email:	<input type="text"/>
Account Holder's Signature	_____ Date <input type="text"/>
Member's Signature	_____ Date <input type="text"/>

For Bank Use

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

Bank Official's Signature _____ Date

BANK STAMP