## DEBIT ORDER

I/We, the undersigned, request Namibia Medical Care to arrange with my/our bank and Multi-Data for the premiums/balance premiums payable in terms of the conditions of the membership (as they may be amended from time to time) to be drawn against my/our bank account (wherever it may be) in accordance with the debit order system.

First Collection Date $\square$
Membership No.

Premium (N\$)


Account Name (name displayed on the bank account from which the premium is to be collected):
If it is a company's or institution's account, state
Account Name

## If it is an individual's account, state:



Signature of Payer
(If Payer is a company, the form must be stamped by an authorised official)

| For Bank Use | Confirmation of account name (the name displayed on the bank account from which the premium is to be collected) |  |
| :---: | :---: | :---: |
|  |  |  |

For Office Use
Particulars of cash payments, with debit order (specify membership number(s), amounts, dates and cash statements)

