



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.

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

### Is the Principal Member also the Payer?

Signature of Payer \_\_\_\_\_ Date 

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

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