

P.O. Box 24792 Windhoek, Namibia Tel. (061) 287 6040 Fax (061) 287 6059

Email: FinReception@methealth.com.na

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.

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First Collection Date		D	D	М	M	Υ	Υ																					
Membership No.																												
Premium (N\$)												F	Payable in Advance Monthly															
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:																												
Surname																				- 1	nitia	s						
Date of Birth		D	D	М	M	Υ	Υ		ID/I	Passp	or	rt No.	No. (Payer)															
Address (Payer):																										I		
																									L	_		
																									_			
Is the Principal Member also the Paye	r ?	Y	es		Ν	lo																						
Principal Member's Name (if not Paye	r)																											
Surname																												
First Name																					- 1	nitia	s					
Date of Birth	D D M M Y Y																											
Bank Name																												
Branch Name																												
Branch Code								Payer's Bank Account No.																				
Type of Account		Current						Savings																				
Signature of Payer Date D M M Y Y (If Payer is a company, the form must be stamped by an authorised official)															Υ													
	Confirmation of account name (the name displayed on the bank account from which the premium is to be collected) BANK STAMP																											
For Office Use Particulars of cash payments, with d	For Office Use Particulars of cash payments, with debit order (specify membership number(s), amounts, dates and cash statements)																											