



## DEBIT ORDER

I/We, the undersigned, request Namibia Medical Care to arrange with my/our bank/building society 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 banking account (wherever it may be) in accordance with the debit order system.

First collection date \_\_\_\_\_

Membership Number

Premium \_\_\_\_\_ Payable in advance monthly \_\_\_\_\_

Name of account from which amounts are to be collected, as the name appears in the books of the bank/building society:

**If it is the account of a company, institution etc., state**

Name of account \_\_\_\_\_

**If it is the account of a person, state:**

Surname  Initials

Date of birth  Identity number of payer

Address of payer \_\_\_\_\_

Name of bank/building society (If it is an agency, state the branch under which it falls.) \_\_\_\_\_

Address of bank/building society \_\_\_\_\_

Is the principal member also the payer? Yes  No

Principal member (if not the payer) \_\_\_\_\_

Surname \_\_\_\_\_

First name and other initials \_\_\_\_\_

Date of birth \_\_\_\_\_

Type of Account  Current  Savings

**For office use**  
4 digit banking code

8-digit banking code on cheque

Payer's banking account no.

Signature of payer \_\_\_\_\_ Date \_\_\_\_\_  
*(If payer is a company, an authorised official has to assign the company stamp.)*

**For use of the Bank/Building Society**

Identification of account as it appears in the books of the bank/building society

Bank/Building Society stamp

**For office use**

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