



Bank debtors information Confidential

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Unit 2, Demushuwa Suites, Corner of Grove and Ombika Street,

Kleine Kuppe, Windhoek

PO Box 23064, Windhoek, Namibia

Reg No: MOHSS 003

Please note Print clearly using **capital** letters, only **one** character per block. Leave **one** block open between words and mark with an **X** where necessary. You must complete all sections of this form. We cannot process your application if it is incomplete, incorrect, or if you have not attached the correct documents. Please use the check list to make sure that you are sending us everything we need.

Particulars of principal member (must be completed)

Membership number	<input type="text"/>	Benefit option	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
		First name(s)	<input type="text"/>
Surname	<input type="text"/>		

Refund of claim payments/debit order instruction

Please note If the below banking details are not correct, the Fund will not be able to settle your claims. This is a condition of membership stipulated in the rules of the Fund. It should be noted that this is not a debit order mandate. NHP will not be responsible in any way for the amounts refunded once claims have been refunded into the bank account you have chosen.

Please provide the following documents:

1. If account holder differs from that of principal member, an affidavit is required.
2. Copy of the account holder's ID.
3. Copy of the bank statement/letter from the bank/bank letterhead confirming the account holder's details.
4. Account holder's signature.

Banking details

☐ Use this bank account for contribution collections and claim refunds ☐ Use this bank account for refunds only

Name of account holder	Title	<input type="text"/>	Initials	<input type="text"/>	First name(s)	<input type="text"/>
Surname	<input type="text"/>					
Bank	<input type="text"/>			Branch	<input type="text"/>	
Branch code	<input type="text"/>			Type of account	<input type="text"/>	
Account number	<input type="text"/>					



Account holder acknowledgment and declaration

I instruct the administrator to electronically collect contributions and to deposit claim refunds, via the Electropay system, using the information provided above. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise the administrator to adjust any incorrect transactions and/or correct any electronic transfer of fund errors without prior notice. No post office savings accounts are allowed.

I further authorise NHP to increase the amounts due, in terms of the policy, from time to time and authorise my bank/building society to effect payment of such increased amount upon receipt of a written notice from NHP stating the increased amount and the date from which it is payable. This authorisation is to remain in force until cancelled by me by giving 30 days written notice to NHP.

I agree that I am not entitled to recover any amount drawn from my account should my bank/building society repay such amount to me, I will refund it to NHP immediately. I undertake to notify NHP of any changes in respect of my address or bank/building society.

Signature of account holder

D	D	M	M	2	0	Y	Y
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Date

Signature of witness

D	D	M	M	2	0	Y	Y
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Date

Compulsory
Bank stamp

