







Cancel debit order request

tel 061 285 5400 fax 061 230 465 email members@nhp.com.na website www.nhp.com.na Unit 2, Demushuwa Suites, c/o Grove & Ombika Streets Kleine Kuppe, Windhoek PO Box 23064, Windhoek, Namibia Reg No: MOHSS 003

In order for the administrator to deliver efficient service to you, it is important that you provide and complete all information as required. Print Please note clearly using capital letters. Only one character per block. Leave open one block between words. Mark with an X where necessary.

Particulars of princi	cipal member (must be completed)	
Membership number	Benefit option	
Title	Initials First name(s)	
Surname		
Tel (H)	Tel (W)	
Cell	Fax	
Email Address		
Attach a copy of a bank statement/letter from the bank/bank letterhead or bank identification purposes.		
Banking details		
Bank name		
Branch name	Branch code	
Account number	Type of account	
Name of account holder	ler	
I instruct the administrator on behalf of NHP, to remove the above banking details via the Electropay system, using the information provided. I also irrevocably authorise the administrator to adjust any incorrect transactions and/or correct any electronic transfer of fund errors without prior notice.		
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.		
		M M 2 0 Y Y
	Signature of account holder	Date

