



Change of banking details request

tel 061 285 5400
 fax 061 230 465
 email members@nhp.com.na
 website www.nhp.com.na
 Erf 1319, Grove Street
 Kleine Kuppe, Windhoek
 PO Box 23064, Windhoek, Namibia
 Reg No: MOHSS 003

Please note In order for the administrator to deliver efficient service to you, it is imperative that all sections of this application form to be completed in full. Failing this may cause delay in the processing of the application. Print clearly using **capital** letters, only **one** character per block. Leave open **one** block between words. Mark with an **X** where necessary. All sections must be completed.

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.

Particulars of principal member (must be completed)

Membership number Benefit option

Title Initials First name(s)

Surname

Refund of claim payments/debit order instruction

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.

Old banking details

I instruct the administrator on behalf of NHP, to remove the below banking details Yes No

Bank name

Branch name Branch code

Account number Type of account

Name of account holder

New banking details

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

Bank name

Branch name Branch code

Account number Type of account

Name of account holder



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

Date

Signature of witness

D D M M 2 0 Y Y

Date

Compulsory
Bank stamp

