CITY OF WINDHOEK

Department of Finance and Customer Service **Revenue Management Division**

PO Box 59, Windhoek, Namibia

1.	RESIDENTIAL/ NON-RESIDENTIAL			
	Debtor's account number:			
	Title, First Name and Surname:	SV/1/<1/2		
	Identity number/Passport number:			
	Contact details: (C)	(W)		
	Postal Address:			
2.	DIRECT DEBITING OPTION			
	New Application	Cancellation Changing Banking deta		
	Monthly payment Option: 1st	15th		
	Date of first deduction:	/ / 20		
	Cancellation Date for Direct Debiting:	/ 20		
3.	BANK DETAILS OF ACCOUNT HOLDER			
	Full Name of Account Holder:			
	Postal Address:			
	Contact details: (C)	E-mail:		
	Bank Name:	Branch / BIC Code:		
	Account Number:			
	Account type: Current/Cheque	Savings acc Transmission acc		
	Premium payable varies as per account d	ue but may not exceed the Maximum limit of		
		7 1/1 /2		
	laration			

- By signing this Mandate Authority, I/we agree that any previous Mandate Authorities signed by me/us relating to Agreement Reference Number: ______ is hereby revoked.

Signed at	on this	•••••	day of	20

(Signature as used for operating on the account)

(Signature as used for operating on the account)

Beneficiary / Payment to:	Municipal Council of Windhoek					
Abbreviation name:	WHKMUN					
Beneficiary Postal Address:	PO Box 59 Windhoek					
Payee Statement reference:	WHKMUN					
This signed Authority and Mandate re	fers to the contract between me/us and	the Municipal Council of Windhoek				
"hereinafter referred to as "City of Wi	ereinafter referred to as "City of Windhoek" dated("the Agreement").					
my/our above-mentioned account at	to issue and deliver payment instructions my/our above-mentioned Bank (or any ot that the sum of such payment instructions	her bank or branch to which I/we may				
as agreed to in the Agreement and c	ommencing on	and continuing until this				
	oy me/us by giving you. notice in writing ogistered post or delivered to your address	of not less than 5 (five) ordinary				
The individual payment instructions a	uthorized to be issued, must be issued a	and delivered monthly.				
payment day will automatically be th	alls on a Sunday, or recognized public ha ne very next ordinary business day. Furth ation, you are entitled to re-represent the	ermore, if there are insufficient funds				
account for a period of	days () (Number in words) days.				
Due to the customary early payment of salaries in December, I hereby authorize you to present my December payment instructions earlier, aligned with my salary payment date. Furthermore, if there are insufficient funds in my/our account to meet the December obligation, you are entitled to re-present the instruction to my/our						
account for payment as soon as suff	icient funds are available for a period of	f				
days () (Numb	per in words) days.				
I/We understand that the payments hereby authorized will be processed through a computerized system provided by the Namibian Banks. I/We also understand that details of each payment will be printed on my/our bank statement. The bank statement must contain a reference number for identification, which must be included in the said payment instruction and if provided to me/us should enable me/us to identify such transaction as linked to this payment instruction authorization. This number must be added to this form in Section F before the issuing of any payment instruction.						
Mandate						
I/We acknowledge that all payment instructions issued by City of Windhoek shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.						
Cancellation						
I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which City of Windhoek have collected while this Authority was in force, if such amounts were legally owing to City of Windhoek.						
Assignment						
I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such cession or assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.						
Agreement Reference Number						
This Agreement reference number is	WHKMUN					
Assisted by						

Signature

C.

D.

E.

F.

G.

Full Name & Surname