



WO 30

**CANCER ASSOCIATION  
OF NAMIBIA**

**AUTHORITY TO DEBIT ACCOUNT**

**USER / CREDITOR DETAILS**

|   |   |  |  |
|---|---|--|--|
| To: (Name of Beneficiary)                                 | Cancer Association of Namibia (WO30)                            |  |  |
| Beneficiary Address:                                      | P O Box 30230, Windhoek - 90 John Meinert Street, Windhoek West |  |  |
| Abbreviated Name as it will appear on your bank statement | CAN   |  |  |

**ACCOUNT HOLDER DETAILS**

|                         |  |
|-------------------------|--|
| Name of account holder: |  |
| Identification Number:  |  |
| Address:                |  |
| Cellphone number:       |  |
| Email Address:          |  |
| Passport Number:        |  |
| Temporary Residence ID: |  |

**BANKING DETAILS**

|                 |  |               |  |
|-----------------|--|---------------|--|
| Bank Name:      |  | Branch Code:  |  |
| Account Number: |  | Account Type: |  |

**COLLECTION DATE DETAILS**

|                     |  |   |
|---------------------|--|---|
| Debit Sequence Type | Recurring <input type="checkbox"/>                                 | Collection Day of the Month<br>1st <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> last <input type="checkbox"/> |
| Frequency           | Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | <i>*Total amount for 12 months, billed as a one-time payment.</i>   |

**MANDATE TYPE**

**FIXED MANDATE**

|               |  |
|---------------|--|
| DEBIT AMOUNT: | N\$100.00 <input type="checkbox"/> N\$150.00 <input type="checkbox"/> N\$250.00 <input type="checkbox"/> Other N\$ _____ |
|---------------|--|

|                          |  |
|--------------------------|--|
| First Collection Date:   |  |
| First Collection Amount: |  |
| Last Collection Date:    |  |
| Last Collection Amount:  |  |

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ (“the Agreement”)

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on

\_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

Signed at \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Full Name (Bank account holder)

\_\_\_\_\_  
Signature (Bank account holder)

\_\_\_\_\_  
Assisted by (Full Name)

\_\_\_\_\_  
Signature (Assisted by)

- i. If there are insufficient funds in the (my) nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon sufficient funds are available in my account;
- ii. On or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.
- iii. The creditor can deduct my/our account or any other account owned by me/us on the agreed day or any other date until the balance is settled.

I/we acknowledge that this authority may be ceded or assigned to a third party, but in the absence of such assignment of the Agreement: this Authority and Mandate cannot be assigned to a third party.

**FOR OFFICE USE**

**AGREEMENT REFERENCE NUMBER** This agreement reference number is: \_\_\_\_\_