CITY OF WINDHOEK

Department of Finance and Customer Service
Revenue Management Division
PO Box 59, Windhoek, Namibia

APPLICATION & CANCELLATION FOR DIRECT DEBITING

RESIDENTIAL / NON-RESIDENTIAL

A. I/We herewith instruct my/our bank to make payment as stated below and my/our bank can debit my/our bank account:

1. **RESIDENTIAL/ NON-RESIDENTIAL**

Debtor's account number: .....

Title, First Name and Surname: .....

Identity number/Passport number: .....

Contact details: (C) ..... (W) .....

Postal Address: .....

2. **DIRECT DEBITING OPTION**

☐ New Application ☐ Cancellation ☐ Changing Banking details

Monthly payment Option: ☐ Last day of the month ☐ 15th

Date of first deduction: ..... (Day) / ..... (Month) / 20 ..... (Year)

Cancellation Date for Direct Debiting: ..... (Day) / ..... (Month) / 20 ..... (Year)

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 due but may not exceed the Maximum limit of .....

.....

B. **Declaration**

I/We hereby declare as follows:

- I/We have the necessary authority to sign this Mandate Authority.
- The information herein provided to City of Windhoek is true, correct and complete. The information shown above is correct.
- I/We agree to be bound by signing this Mandate Authority.
- 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 refers to the contract between me/us and the Municipal Council of Windhoek

"hereinafter referred to as "**City of Windhoek**" dated ..... ("**the Agreement**").

I/We hereby authorize City of Windhoek to issue and deliver payment instructions to their Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our 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 by giving you. notice in writing of not less than 5 (five) ordinary business days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions authorized to be issued, must be issued and delivered monthly.

In the event that the payment day falls on a Sunday, or recognized public holiday in the Republic of Namibia, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my/our account to meet the obligation, you are entitled to re-represent the instruction for payment to my 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 sufficient funds are available for a period of ..... days (.....) (Number 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.

C. 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.

D. 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.

E. 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.

F. Agreement Reference Number

This Agreement reference number is **WHKMUN** .....

G. Assisted by

....

Full Name & Surname | Signature | Date