

APPLICATION FOR DIRECT DEBITING

N.B. APPLICATION TO BE COMPLETED IN BLACK PEN

This form must be completed In triplicate.

Original copy must be sent to Telecom Namibia.

- Please attach proof or ownership of Bank Account, eg. cancelled cheque.
- A separate Application Form must be completed for each Account that requires Direct Debiting.

Personal Details

Full Name: _____

I.D Number: _____

Postal Address: _____

Telephone Number for which account Is held: Code: (____) _____

Telecom Account Number:

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Contact Telephone Number work / home: Code: (____) _____

Montly Payment Options: 20th 25th last working day

Bank Details

Full name of Account Holder: _____

Account Number: _____

Type of Account : (Current / Savings / Transmission) _____

Name of Bank: _____

Name of Branch and Code: (Name) _____ (Code) _____

Bank Address: _____

- Customers who want to apply for Direct Debiting must first clear it with their bank to ensure that their account offers these electronic facilities,
- Your telephone account will then be directly debited for your Bank Account on the date as indicated above
- Enquiries related to your Telephone Account and Direct Debiting should be cleared at the nearest TeleShop
- I hereby authorise Telecom Namibia to directly debit my bank account at the above-mentioned bank to the amount due on my telephone account.
- I agree to pay any bank. charges relating to this debit order Instruction.
- I hereby agree to give thirty days notice, in writing, whereby I Instruct Telecom Namibia to cancel the Direct Debiting of my account, with the bank.

Signed at: _____ on this: _____

day of: _____

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