



TEL +264 (64) 214 600 FAX +264 (64) 214 601 EMAIL [info@erongored.com.na](mailto:info@erongored.com.na)  
ERONGO RED BUILDING REG NO 2004/074 91 HAGE GEINGOB STREET P O BOX 2925 WALVIS BAY NAMIBIA

---

## APPLICATION FOR DEBIT ORDER

---

1. For your convenience we supply herewith a debit order form. Should you require the use of this service please complete the required details and return the document to the nearest Erongo RED office.
  2. If you already making use of the debit order option, please complete the details below and return this document to the nearest Erongo RED office. This will ensure that all your details are correctly verified and/or updated on our system.
- 
- 

### Details of Account Holder

---

\* Surname of Applicant

\* Account Number

\* First Name and Initials

\* Erf / Stand Number

\* Postal address

\* Residential address

### Telephone Numbers

\* Home

Work

\* Cell

## Bank Details

---

* Account Holder	(Drawer)	<input type="text"/>
* Bank	(Drawer Bank)	<input type="text"/>
* Branch	(Town)	<input type="text"/>
Branch Code		<input type="text"/>
* Account Number		<input type="text"/>
* Type of Account (Cheque/ Savings / Transmission)		<input type="text"/>
* Frequency	Monthly/ Weekly)	<input type="text"/>
* Start Date		<input type="text"/>
* AMOUNT MIN/ MAX		<input type="text"/>

Pay to: Erongo Regional Electricity Distributor Company (Pty) Ltd

---

---

## Conditions

---

The above instruction shall remain in force until cancelled by me in writing, notwithstanding anything to the contrary contained herein. I hereby acknowledge that this instruction shall be carried out on the following conditions:

1. I, hereby undertake to deposit sufficient funds in my account from time to time to cover the payments made by the bank or to make acceptable prior alternative arrangements, such as deposit or other specific arrangement (to be made at least three days before the date of payment).
2. I accept that, should insufficient funds or lack of acceptable prior arrangements render the carrying out of this instruction impossible, Erongo RED is authorized to resubmit the instruction (for any number of times), or to carry on with disconnection of services on continuous default of payment.
3. If any Date of Payment should coincide with a public holiday or any non working day, such payment shall be made on the following working day.
4. My automatic transfer instruction to Erongo RED will be deemed cancelled should the occurrence as set out in (2) above render the carrying out of my instruction impossible on 3 (three) consecutive dates of payment.
5. I hereby renounce any claim which I may have against Erongo RED in the event of failure by Erongo RED to claim the above mentioned payments on my behalf.

\* Signature at .....on this .....day of .....20.....

As witnesses

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
\* Signature of principal account holder

---

---

FOR OFFICE USE

---

Applications recieved date:

Courier

Telephone

Letter / Fax

Email

Processed by:

Signed

Date

Revenue controller

Date processed

Processed correctly

Signed

Date

---

\* *Compulsary fields, must be completed*