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ERONGO RED BUILDING REG NO 2004/074 91 HAGE GEINGOB STREET P O BOX 2925 WALVIS BAY NAMIBIA

CANCELLATION OF DEBIT ORDER

1. Please be so kind as to cancel the debit order on the following account with effect (Date)

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

* Signature aton thisday of20.....

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*