

EMPLOYER GROUP / CLIENT DETAIL UPDATE FORM

Tel: +264 83 2999 000

E-mail copy of completed form to : rhmafmember@prosperitynam.com

Kindly do not use tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.



Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

CB Number	
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Section A - Company Details *(A copy of the Company registration form and/or founding documents must be attached to this application)*

Registered Name			
Trading Name		Registered Number	
Holding Company Name			
Type of Industry		Financial year-end (month)	
Description of the company's main activities			
Specify company/division to which you prefer the monthly billing to be addressed?			
Type of Enterprise <i>(Kindly mark with an X)</i>			
Public Listed Company	<input type="checkbox"/>	Public Non-listed Company	<input type="checkbox"/>
Government Institution	<input type="checkbox"/>	Parastatal Organisation	<input type="checkbox"/>
		Private Company	<input type="checkbox"/>
		Other (specify)	<input type="checkbox"/>
		Close Corporation	<input type="checkbox"/>
Physical Address			
Postal Address			

Company Contact Person *Kindly provide the details of the two most appropriate contact person in your organisation who are directly involved with the company accounts.*

HR Manager / Financial Manager				Administrative contact			
Title		Initials		Title		Initials	
First Name				First Name			
Surname				Surname			
Position				Position			
Telephone Number				Telephone Number			
Cellphone Number				Cellphone Number			
Fax Number				Fax Number			
E-mail Address				E-mail Address			

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Section B - Employer's Agreement

I, the undersigned (full names)

herewith confirms that I am duly authorised by the Employer Group to complete the form on behalf of the Employer Group and that all the information contained herein is, to the best of my knowledge true, correct and complete at the date of signature hereto.

We acknowledge the fact that contributions must be in advance and therefore we agree to ensure that contributions will be paid to the Fund not later than the 7th day of the month to which the contributions pertain.

We agree to submit all amendments before the 7th day of each calendar month as invoices are sent to the Employer 5 (five) working days after the printing of the invoices. Invoices are printed on the 10th day of each month or the consecutive working day.

Option changes are not allowed during the course of a financial period. Should a member resign from the Fund, new application for membership will take place the next financial year/period.

We agree to give one calendar month notice when any member of our group wants to terminate his/her membership of the Fund and agree to take the responsibility upon ourselves if the Fund is not notified on time.

Signed		Date	D	D	M	M	Y	Y	Y	Y
On behalf of										
Signed (Witness)		Date	D	D	M	M	Y	Y	Y	Y
Company Stamp										

Section C - Payment Method

How will monthly contribution payment be made?

Electronic Fund Transfer

Debit Order

- Note:**
- The Debit Order Authority section must be completed, should you prefer deductions to be made via debit order.
 - Should you prefer to make contribution payments via Electronic Fund Transfer, kindly e-mail or fax through the proof of payment, along with a breakdown of how contributions should be allocated. Also confirm with our office that the proof of payment was received.
 - Payments should be done in advance on or before the 7th of each month.
 - Failure in making payments will result in suspension of the members and their beneficiaries benefits.
 - Termination of membership need to be done one month in advance.

Section D - Group Debit Order Authority

Banking Details (Kindly provide confirmation from the bank not older than 3 months.)

Debit Order Date	1st of each month		26th of each month							
Bank Name										
Account Holder's Name										
Account Type	Current		Savings							
Account Number										
Branch Name			Bank Branch Code							
Authorized Signatory Signature		Date	D	D	M	M	Y	Y	Y	Y

For office use only

Processed by										
Signature		Date	D	D	M	M	Y	Y	Y	Y