



Personal Detail: Update Form

If any of your personal or bank details changed, please complete and forward to: Fax +264 61 374 650, or P.O. Box 2100, Windhoek or deliver to 1 John Ludwig Street, Klein Windhoek

PRINCIPAL MEMBER DETAILS

Membership Number	<input type="text"/>
Surname	<input type="text"/>
Initials	<input type="text"/>
Name	<input type="text"/>
Date of Birth	<input type="text"/>
ID Number	<input type="text"/>

Postal Address

P.O. Box	<input type="text"/>
Town	<input type="text"/>
Country/Code	<input type="text"/>

Contact Details

Telephone number @ home	<input type="text"/>	Area Code & Number	<input type="text"/>
Telephone number @ work	<input type="text"/>		
Cell phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>		

Bank Account Details for Contribution Payments via Debit Order

Account name	<input type="text"/>
Bank name	<input type="text"/>
Bank account number	<input type="text"/>
Branch name & Number	<input type="text"/>
Type of account	<input type="text"/>

Bank Account Details for Claim Refunds

Account name	<input type="text"/>
Bank name	<input type="text"/>
Bank account number	<input type="text"/>
Branch name & Number	<input type="text"/>
Type of account	<input type="text"/>

I, the undersigned declare that the information is true and correct:

Principal Member _____ Signed at: _____ this _____ day of _____ 20__