



DEUTSCHE HÖHERE PRIVATSCHULE WINDHOEK

ZAHLUNGSOPTIONEN / PAYMENT OPTIONS

**BITTE DIE ZAHLUNGSOPTIONEN MIT DEM ANMELDEFORMULAR IN DER VERWALTUNG ABGEBEN.
PLEASE SUBMIT THE PAYMENT OPTIONS WITH THE ENROLMENT FORM AT THE ADMINISTRATION.**

Die aktuelle DHPS Gebührenordnung ist anzuwenden, ‚Zahlungsoptionen‘ Absatz 11.
Sie ist auf der DHPS Webseite www.dhps-windhoek.de einsehbar und in der Verwaltung erhältlich.
*The latest DHPS School Fee Regulations are applicable, ‘Method of payments’ Section 11.
They are available on the DHPS Website www.dhps-windhoek.de or at the administration.*

Die Gebühren sind in 10 gleichen Raten von Januar bis Oktober am Monatsende zahlbar. Bei verspäteten Zahlungen werden ab Februar Mahngebühren berechnet.
The fees are payable at month end in 10 equal installments from January until October. A late payment fee is levied from February.

Bitte die bevorzugte Option ankreuzen <i>Please indicate your preferred payment option</i>	
<p>A Per Einzugsermächtigung („Endo Collection“) in zehn (10) Raten von Ende Januar. In diesem Fall bitten wir Sie, das anliegende Blatt mit den Details für die Bank auszufüllen und zu unterschreiben.</p> <p>A <i>Per Endo Collection in ten (10) installments from end of January. In this case please complete and sign the attached form with your full banking details.</i></p>	
<p>B Per ‚EFT‘ / Barzahlung / Kreditkarte in zehn (10) Raten von Ende Januar.</p> <p>B <i>Per EFT / cash / credit card in ten (10) installments from end of January.</i></p>	
<p>C Als Jahreszahlung Ende Februar.</p> <p>C <i>ANNUAL upfront payment at the end of February.</i></p>	

Zahlungsverantwortliche Person(en) (Identisch mit der DHPS Rechnung, in DRUCKSCHRIFT) Person(s) responsible for payment (Identical to DHPS invoice, in BLOCK LETTERS)	
Nachname / Surname	
Vorname(n) / First Name(s)	
Postfach / P.O. Box	
Vorort / Stadt Suburb / City	

Unterschrift 1. Erziehungsberechtigter
Signature of 1st legal guardian

Unterschrift 2. Erziehungsberechtigter
Signature of 2nd legal guardian

Datum / Date: _____

Datum / Date: _____



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Endo Collection

***** Only to be completed when opting for the Endo Collection Option / Option A *****

PAYMENT INSTRUCTION / DEBIT MANDATE

A. This is my/our instructing to my bank to make payment as stated below and my / our bank can debit my / our bank account.

AUTHORITY

Given by (name and surname of Account Holder)	
Address	
Account Holder's Bank	
Branch name and Branch code / BIC code	
Account Number	
<i>(delete which is NOT applicable)</i> Type of Account CURRENT / SAVINGS / TRANSMISSION	
Amount of deduction authorized by Account Holder	
Date of first deduction	
To (name of beneficiary)	Deutscher Schulverein Windhoek (1949)
Abbreviated Name as Registered with the Bank	D H P S
Beneficiary's Address	11 – 15 Church Str, Windhoek, Namibia

CONFIRMATION BY BANK OF AUTHORIZED SIGNATORIES AS STATED ABOVE	
We hereby confirm that the above signatories have authority to sign this debit order.	
Bank signatory	
Bank stamp	

This signed Authority and Mandate refers to the contract between the Beneficiary ("you") and me/us dated _____ ("the Agreement").

I/We authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 1 (one) ordinary business days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions authorized to be issued must be issued and delivered as follows: *(delete which is NOT applicable)* monthly / bi-monthly / three monthly / six monthly / annually.

In the event that the payment falls on a Sunday, or recognized public holiday in the Republic of Namibia, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my/our account to meet the obligation, you are entitled to re-represent the instruction for payment to my/our account for a period of ____ (days) _____ (number in words) days.

I/We understand that the payments hereby authorized will be processed through a computerized system provided by the Namibian Banks. I/We also understand that details of each payment will be printed on my/our bank statement. The bank statement must contain a reference number for identification, which must be included in the said payment instruction and if provided to me/us should enable me/us to identify such transaction as linked to this payment instruction authorization. This number must be added to this form in section F before the issuing of any payment instructions.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have collected while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third if the agreement is also ceded to that third party, but in the absence of such cession or assignment of the agreement, this Authority and Mandate cannot be assigned to any third party.

E. Declaration

I/We hereby declare as follows:

- I/We have the necessary authority to sign this Mandate Authority.
- The information herein provided to you is true, correct and complete. The information shown above is correct.
- I/We agree to be bound by signing this Mandate Authority.
- By signing this Mandate Authority, I/we agree that any previous Mandate Authorities signed by me/us relating to Agreement Reference Number : _____ is hereby revoked.

Signed

At _____ on this _____ day of _____ 20 _____ .

(Signature as used for operating on the account)

(Signature as used for operating on the account)

(Assisted by)