



REPUBLIC OF NAMIBIA

**DONATION AND CONSENT FORM: TWO PERCENT (2%) VOLUNTARY CONTRIBUTION TO THE 2019/2020 DROUGHT RELIEF PROGRAMME ACCOUNT**

**PART A PERSONAL PARTICULARS**

Name of Office/Ministry/Agency/Entity: .....

Staff Member`s Full Names: .....

Date of Birth: ..... ID No: ..... Grade: .....

Duty Station: ..... Employee Code: .....

Telephone number or email address: .....

**PART B DONATION**

In support of the 2019/2020 Drought Relief Programme of the Government of the Republic of Namibia, I wish to donate, freely and voluntarily, an amount of up to two (2) per cent of my annual basic salary to be paid as selected under Part C.1  or Part C.2 . [Tick the appropriate box]

**PART C PAYMENT METHOD AND FREQUENCY**

**C.1. CONSENT TO DEDUCTION(S) FROM SALARY (This section is only applicable to those who wish to deduct from a salary)**

I hereby, freely and voluntarily, give consent to my employer to deduct my donation to the 2019/2020 Drought Relief Programme (referred to in Part B above) from my basic salary in accordance with the option that I elected above and to transmit the donation to the said Drought Relief Programme Account.

**C1.1 DEDUCTION CODE (only for GRN use): 26000**

**C1.2. DEDUCTION OPTIONS: [Tick the appropriate boxes]**

**(a) OPTION 1: Single deduction**

Up to 2% of annual   
basic salary  
deducted as a  
lump sum:

Lump sum to be deducted: N\$...... in words.....)

(b) **OPTION 2: Multiple deductions in equal installments:**

Up to 2% of annual basic salary:

The installments under OPTION 2 will be deducted over a period of:

Three (3) months  (N\$ ..... per month) in words.....

Six (6) months  (N\$ ..... per month) in words.....

Twelve (12) months  (N\$ ..... per month) in words.....

**C.2. OTHER PAYMENT ARRANGEMENTS**

**PAYMENT THROUGH FINANCIAL INSTITUTIONS P**

**C.2.1** I will make payments through my financial institution by means of -

*[\*Tick the appropriate box]*

(a) a debit-order \*; or

(b) direct deposit \*: .....

(Proof of payment will be provided within ..... days of each payment.)

**Direct deposits should be made to: Drought Relief Current Account no: 60004010573 at Standard Bank, Ausspannplatz, and Branch Code: 08 2672, EFT Transfer Code: 08 73 73, Swift Code: SBNMNaNX** (This is only applicable if no deduction from salary is required. Single deduction and equal multiple monthly instalments are applicable to direct debit/payment from bank acc.)

**C.2.2 PAYMENT OPTIONS**

**(This section is only applicable to those who wish to use different payment methods other than deduction/s from a salary)**

*[Note: The deduction options and intervals provided for under Part C.1.2 apply with the necessary changes to payments under this Part].*

(a) **OPTION 1: Single Deduction**

Up to 2% of annual basic salary paid as a lump sum:

Lump sum to be paid: N\$.....in words.....



(b) **OPTION 2: Multiple payments in equal instalments:**

Up to 2% of annual basic salary paid in equal instalments:

The instalments commence on ..../..../2019 and will be paid over a period of:

Three (3) months  (N\$ ..... per month) in words.....

Six (6) months  (N\$ ..... per month) in words.....

Eight (12) months  (N\$ ..... per month) in words.....

**Note: Any change to this arrangement should be communicated in writing to the relevant OMA/Entity and such a change will take effect at least 30 days after notification.**

**PART D**

1. I understand that when the contribution is transferred to the Drought Relief Programme Account, it becomes the property of the Government of the Republic of Namibia to be used for the 2019/2020 Drought Relief Programme.
2. Further, I make this contribution on the understanding that I will not receive any goods, services or other benefit from the Government of the Republic of Namibia as consideration for the amount of the contribution.

**Signature:** ..... **Place:** ..... **Date:** .....

**1. Witness:** .....

**2. Witness:** .....

**Part E Termination of the Donation**

I hereby give notice to terminate any further instalments for the donation to the 2019/2020 Drought Relief Programme Account of the Government of the Republic of Namibia, with effect from: day .....month.....year.....

**Names in full**.....

**Signature:** ..... **Place:** ..... **Date:** .....

**1. Witness:** .....

**2. Witness:** .....

**Human Resources Practitioner (Full Names:** .....

**Rank**..... **Signature:** ..... **Date:** .....