

MINEWORKERS UNION OF NAMIBIA

P.O. BOX: 1566 WINDHOEK NAMIBIA Erf 7353 MUNGUNDA STREET, KATUTURA TEL: +264 61 261723/215629 FAX: +264 61 217684 E-MAIL: mun@mun-na.com WEBSITE: www.mun-na.com

HEAD OFFICE

MEMBERSHIP APPLICATION FORM	
Full Name:	
Home Address:	
ID/Passport No:	
Date of Birth:	
Contact Number:	
Gander:	
Marital Status:	
Email Address:	
Nature of Employment: Contractor ☐ Permanent	
Full Name & Address of Employer:	
Region:	
Wages per shift: N\$N\$ per month:	: N\$Wage Group
Letter of Authority:(The Company	λ
STOP ORDER AUTHOR A. AUTHORISATION OF DEDUCTION	B. STOP DEDUCTION
I the undersigned hereby request the Company to arrange The following deductions through its payroll from my monthly Pay subject to the terms agreed to between the Company and The Mineworkers Union of Namibia (MUN).	I hereby request that deduction through the Company's payroll from my monthly wages in respect of MUN be stopped.
One percent (1 %) of my basic salary	
I agree that should the MUN decide upon an increased Subscription the Company will deduct such amount as month,	I understand that if this notice reaches the Company's office after the 15 th of the
Advised to the Company. In writing by MUN	The deduction will only be stopped with effect from the following month.
Signed:	Signed:
Date:	Company No:
Witness: 1	MUN No:
Witness: 2.	Date:

All official correspondences to be addressed to the General Secretary