

## NUST Lüderitz Student Welfare Fund Pledge Form

Name (individual)					
or					
Name (company)					
A.1.1					
Address			Town/Region		
			Telephone		
			Email		
Signature				Date	
I wish to remain	i anonymous				
I/We are pleased to donate an N\$ payable overyears (maximum of 3 years) in support of the NUST Student Welfare Fund.					
Pledge Informa	ation				
° I will fulfill this pledge with a one- time payment of N\$			on		(date dd/mm/yyyyy).
° I will fulfill this p	ledge through	annual bi-annual quarte	rly 🔲 monthly payme	ents of N\$	
beginning on		date dd/mm/yyyyy).			
° In-kind					
° Other (please sp	ecify]				
<ul> <li>Via Bank         Account Name:         Account Number         Bank:         Branch:         Branch:         International Sw     </li> </ul>		NAMIBIA UNIVERSITY OF SCIENCE 55500126319 First National Bank Corporate Branch 281872 FIRNNANX	Na 13 . Pri	fice of the Bursar mibia University of S Jackson Kaujeua Stre ivate Bag Bag 13388 INDHOEK	icience and Technology eet
Reference: Address:		NAME/COMPANY 207 Independence Avenue P/Bag 13239 WINDHOEK T: 264 61 299 92222		264 61 207 9111 bursar@nust.na	