



NAMIBIAN CLEARING SUPPORT FORM

NB: This is only requested to facilitate the mandatory clearance measures of the TVS

IMPORTER/EXPORTER NAME: _____

INVOICE NUMBER/S: _____

BANKING INSTITUTE:

- | | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | BANK OF NAMIBIA |
| <input type="checkbox"/> | BANK OF WINDHOEK |
| <input type="checkbox"/> | NEDBANK NAMIBIA |
| <input type="checkbox"/> | FNB NAMIBIA |
| <input type="checkbox"/> | STANDARD BANK NAMIBIA |
| <input type="checkbox"/> | BANK BIC |
| <input type="checkbox"/> | BANCO PRIVATE ATLANTICO |
| <input type="checkbox"/> | LETSHEGO BANK |
| <input type="checkbox"/> | DOMESTIC TAXES |
| <input type="checkbox"/> | NAMPOST |

INVOICE PAYMENT TERMS:

(If not on invoice)

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | 30 DAYS |
| <input type="checkbox"/> | 60 DAYS |
| <input type="checkbox"/> | 90 DAYS |
| <input type="checkbox"/> | 120 DAYS |
| <input type="checkbox"/> | 150 DAYS |
| <input type="checkbox"/> | 180 DAYS |
| <input type="checkbox"/> | CASH |
| <input type="checkbox"/> | NO PAYMENT / DONATIONS |
| <input type="checkbox"/> | ADVANCE PAYMENT / UPFRONT |

I, _____ an employee of (Company name) _____

CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS CORRECT.

COMPANY STAMP/SIGNATURE

NB! NEVER GIVE OUT YOUR BANK DETAILS, OTHER THAN THE NAME OF THE BANK TO ANY CLEARING AGENCY TO AVOID FRAUDULANT ACTIVITIES