



CHANGE OF ADDRESS

RETURN TO:

FAX: 0886528144

E/MAIL: enquiries@swkmun.com.na

ACCOUNT NUMBER:

SURNAME & INT:

ID NUMBER

POSTAL ADDRESS:

E/MAIL:

CELL NO:

W/H TEL NO:

WORK ADDRESS:

ERF NR. TOWN

SIGNATURE:

DATE:

PUNCHED BY:
