



**Les Lapin Court B, No. 3, Independence Avenue, Mosta**  
**Tel/Fax: (+356) 21448542 E-mail: info@mumn.org**

### **Bank of Valletta**

Instruction to your Bank  
to pay Direct Debits

Name and address of your branch \_\_\_\_\_

Name(s) of account holder(s) \_\_\_\_\_

Branch Sort Code \_\_\_\_\_ (Office Use)

Payer Account Number \_\_\_\_\_

Originator : MUMN                      Originators' Reference Number \_\_\_\_\_ (Office Use)

#### Instruction to your Bank

- Please pay Direct Debits from the account detailed above at the request of the Originator.
- I/We understand that the Originator may change the amounts and dates only after giving me/us prior notice in writing, provided that the Bank shall not be bound to verify whether any such notice has been given.
- I/We understand that the bank is at liberty to refuse to effect payment if my/our bank account does not have sufficient funds to meet such request.
- I/We understand that the Bank may terminate this direct debit instruction at its sole discretion by advising me/us and the Originator in writing.
- I/We hereby undertake to keep the Bank harmless and fully indemnified against any liability, loss or damage the Bank may incur for any reason which is beyond the Bank's control in consequence of making this facility available.
- I/We will inform the Bank in writing if I/we wish to cancel this mandate.

Signature (s) \_\_\_\_\_

I.D: \_\_\_\_\_

Date \_\_\_\_\_

CA56 (9/96)

Office Use Only

Authorisation made by: \_\_\_\_\_

Bank Signature & Stamp:

**PARTICULARS INSERT** (Please complete all fields in Capital Letters – where applicable)

**NAME:** .....

**ADDRESS:** .....

.....

.....**Post Code** .....

**ID No:** .....

**GRADE:** .....

**HOSP. & WARD:** .....

**TEL:** ..... **MOBILE:** .....

**ACCOUNT No:** .....

**E-MAIL ADD:** .....

**FLORENCE NIGHTINGALE BENEVOLENT FUND MEMBERSHIP:**

**YES**

**NO**



Florence Nightingale MUMN Benevolent Fund  
Les Lapin Court B, No 3, Independence Avenue, Mosta.  
Tel/Fax: (+356) 21448542 E-mail: fnbf@mumn.org

Dear MUMN member,

Please find details regarding our Florence Nightingale MUMN Benevolent Fund and application form. If you would like to start contributing in this fund, all you need to do is simply fill in the form and send it to the administrator on the above address at your earliest convenience. If on the other hand you do not wish to join, just ignore this letter, however may I remind you of the benefits you will be loosing for a very small nominal fee per year. You can look for further details on our website on the following web link:

<http://www.mumn.org/membershipinfo.aspx>

## ***Application Form Florence Nightingale MUMN Benevolent Fund***

To Join the Florence Nightingale MUMN Benevolent Fund, you must be a **member of the MUMN**. If you are not a member of the MUMN and wish to join please call on 21448542 for further details or visit our website on: <http://www.mumn.org> .

**€28 per year** divided on each month contribution towards the fund will be debited from your account every 15<sup>th</sup> of the month.

### **BENEVOLENT FUND FEES**

**Couple fee €56.00 from one account**

**Jan till Nov = €4 per month**

**Dec = €12**

**Individual fee €28 per year divided as below:**

**Jan & Feb = €2/mth**

**Mar = €3**

**Apr & May = €2/mth**

**Jun = €3**

**Jul & Aug = €2/mth**

**Sep = €3**

**Oct & Nov = €2/mth**

**Dec = €3**

- Besides being part of over 1,400 members contributing towards your colleagues in need, you yourself may benefit if the need arises.
- A newsletter per year will be sent to your address with the benevolent fund news plus an updated list of benefits and which conditions are eligible for one to apply.

I the undersigned authorise MUMN to withdraw from my MUMN Direct Debit membership account as contribution towards Florence Nightingale MUMN Benevolent Fund.

ID No: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Regards,  
Chantelle Muscat  
MUMN  
Office Administrator