



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

DIRECT DEBIT MANDATE

To: The Manager
Lombard Bank p.l.c.
Valletta Branch

Branch Locality: _____

Account Number _____ Sort Code _____ (Office Use)

- I/We instruct you to pay by Direct Debit, until further notice, from my/our account at the request of**MUMN**....
- I/We understand that the Malta Union of Midwives and Nurses will give me/us 14 days notice of the amount to be directly debited and the due date of the entry if such amount and due date differ from previous payment effected. The Bank will not be bound to verify whether any such notice 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 is entitled to terminate any direct debit arrangements at its sole discretion by advising me/us and the Malta Union of Midwives and Nurses.
- 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.

(Block Letters)

Name(s) and Surname(s): _____

Signature (s): _____

I.D: _____

Date _____

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 15th 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

Certified Member of the International Council of Nurses
Affiliated in the Commonwealth Nurses Federation
Affiliated in the National Council of Women
Affiliated in the European Nursing Students Group

Certified member of the Public Service International
Member in the Standing Committee of Nurses of the EU (PCN)
Member in the European Forum of Nursing & Midwifery (WHO)
Member of the European Midwives Association