

MUNICIPALITY OF OKAHANDJA



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PO Box 15
Okahandja

INTEREST RELIEF SETTLEMENT AGREEMENT

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

CELLPHONE NUMBER: _____ TEL NUMBER _____

OWNER/TENANT/LEGAL REPRESENTATIVE: _____

AGREE TO SETTLE ACCOUNT AS FOLLOW:

TOTAL DUE: _____ DATE: _____

CAPITAL AMOUNT PORTION: _____ INTEREST PORTION: _____

NUMBER OF MONTHS TO PAY: _____ DEPOSIT (IF ANY): _____

MONTHLY INSTALMENT: _____ START DATE: _____

TERMS AND CONDITIONS:

1. The interest relief program runs for a period of Twenty-four (24) months as from April 2024 until March 2026.
2. This programme will be applicable to all account holders. Government office, Ministries, SOEs and State agencies are excluded.
3. Council to enter into settlement agreements with customers and waiver off 100% interest once the customer account is fully settled.
4. All accounts for customers who have entered into a settlement agreement to be flagged no interest until they settle as per their agreement.
5. Customers who default on their settlement agreements for three months, their agreement will be terminated automatically and interest will be re-activated on their accounts.
6. Should there be errors in calculations of interest portion, it will be rectified accordingly and you will be informed of such corrections.
7. Client must have acknowledgement letter of debts with Council's Debt Collector Agent, Redforce
8. Debt Management.

DEBTS OWNERSHIP AND RESPONSIBILITY:

I _____ I am fully aware that I owe Okahandja Municipality an amount of money totaling to N\$ _____ and have read, understood and take full responsibility of my debt as stated above by signing this agreement.

I _____ understand all legal consequences I may face if I do not honor this agreement and I therefore give my acknowledgement that the Council should take any debt recovery mechanism should I fail to pay this money on the agreed period.

Failure to honor the agreement will result in cancelation of this agreement and give consent to Council to apply other debt recovery instruments.

Debtor:

Signature: _____ Date: _____

Municipality of Okahandja:

Signature: _____ Date: _____