sasfin | beyond a bank

MICR code 99490300

TRANSACTION DETAILS

Sasfin FX Trade ID		Value date	
Currency code		CCY Amount	
		ZAR Amount	

ORDERING CUSTOMER DETAILS (party sending the funds)

Sasfin account no.

Full name and surname of individual / entity

Contact name (if an entity)

Telephone no (including dialling code)

E-mail address

Physical / Business

address (not PO Box)   City

Country   Postal code

RSA resident   Yes ☐   No ☐   **If 'No':**   Non-res ☐   STA ☐   Emigrant ☐

Source of income (e.g. salary / gift / etc.) *

Entity registration no. / Individual ID no. / Passport no.

Temporary resident permit no.

Tax no.   VAT no.

* mandatory field

BENEFICIARY DETAILS (party receiving the funds)

Full name and surname of individual / entity

Physical / Business

address (not PO Box)

City   Postal code

beyond a bank

Initial

BENEFICIARY DETAILS (party receiving the funds)

RSA resident   Yes ☐   No ☐   **If 'No':**   Country [   ]

Country code [   ]

Special instructions / Payment reference [   ]

[   ]

BENEFICIARY BANK DETAILS

Account no. [   ]

Bank name [   ]   Branch [   ]

MICR code routing no (example BSB; SORT; ABA etc.) [   ]

SWIFT address [   ]

Street name [   ]   City [   ]

Details of offshore / correspondent bank charges *   ☐ **Ours**   ☐ **Beneficiary**   ☐ **Shared**

If not marked will default to shared

* mandatory field

All transaction charges are to be borne by the ordering customer	All transaction charges are to be borne by the beneficiary customer	Local charges are to be borne by the ordering customer. Overseas bank charges are to be borne by the beneficiary customer

INTERMEDIARY BANK DETAILS (not mandatory, but advised if supplied)

Account no. [   ]

Bank name [   ]   SWIFT address [   ]

FOR TRAVEL TRANSACTIONS ONLY

Passport no / Temp resident no [   ]   Passport expiry date [D D M M Y Y Y Y]

Mode of Transport [   ]   Departure date [D D M M Y Y Y Y]

Ticket no [   ]   Destination [   ]

Declaration: I the undersigned hereby declare that: I have read this document and know and understand the contents thereof; the information furnished above is in all respects both true and correct; the currency applied for will only be used for the specific purpose stated herein; the documentation presented in support of this application is in all respects authentic; have been informed of the limit applicable to the above transaction and confirm that this limit will not be exceeded as a result of the conclusion of this transaction; and consent to this information being provided to the South African Revenue Service and/or the Financial Intelligence Centre and/or the Financial Services Board; I will travel within 60 days from the date of this request to be accorded foreign exchange; I will not purchase foreign exchange from an Authorised Dealer and/or ADLA in excess of the applicable limits; and the I will refund all foreign exchange accorded in the event of the trip being cancelled, to an Authorised Dealer and/or ADLA within 30 days of cancellation; and the currency applied for will only be used for the specific pupose stated herein. Note: In terms of the provisions of Regulation 2(4), the foreign exchange provided may only be used for the purpose of which it was made available. In terms of Regulation 2(5), any unused foreign exchange must be resold within 30 days to an Authorised Dealer or ADLA, on the return to this country. Please retain a receipt as proof of exchange and produce this if needed to resell or repurchase currency at any authorised foreign exchange dealer within South Africa.

RESERVE BANK REPORTING

(Refer to SARB Category Codes https://www.sasfinforex.co.za/SARBCodes/BOPOutwardcodes.html)

CCN no. [   ]   BoP Category Code * [ ][ ][ ]   Sub Category * [   ]

For Advance Payment (Code 101) supply Invoice numbers:

[   ]

For Cleared Imports (Code 103) please supply MRN numbers:

MRN [   ]   Transport document [   ]

MRN [   ]   Transport document [   ]

MRN [   ]   Transport document [   ]

SARB Reference Number (incl. Loan) [   ]   Dated [   ]

* mandatory field

DECLARATION

I/We declare that I/we have read this document and know and understand the contents thereof; I/we declare that the information in this form is true, complete and correct. I/We hereby agree and acknowledge that SASFIN BANK will not be liable for any errors, omissions or delays in transmitting any funds which may arise as a result of SASFIN BANK acting on the information contained in this form or as a result of incorrect information having been provided to SASFIN BANK by me/us or our agent or as a result of circumstances beyond the control of SASFIN BANK. I/We acknowledge that SASFIN BANK will use the information contained in this form to report the outflow of funds to the SARB and accordingly i/we indemnify SASFIN BANK against any claims, penalties and/or fees which SASFIN BANK might incur as a result of the information contained in this form being incorrect.

I/We hereby acknowledge and agree that SASFIN BANK will purchase the foreign currency at the exchange rate which is applicable at the time of trading unless I/we give instructions to SASFIN BANK otherwise. I/We indemnify SASFIN BANK and hold SASFIN BANK harmless against any costs, losses, claims, penalties and/or fees which I/we may incur as result of any exchange rate fluctuations.

I/we declare that the documentation presented in support of this application is in all respects authentic; that I/we have been informed of the limit applicable to the above transaction and confirm that this limit will not be exceeded as a result of this transaction; and I/we consent to this information being provided to the South African Revenue Service and/or the Financial Intelligence Centre and/or Financial Services Board.

As required by the Financial Surveillance Department of the South African Reserve Bank, purchases and settlers of foreign exchange must retain the documentary evidence relating to trade and other transaction for a period of five (5) years for inspection purposes.

Note: Applicants signature must be in accordance with specimens and/or mandate held by the bank.

D D M M Y Y Y Y

For and behalf of (name of entity or individual and surname)

Signature / Authorised signatory (whom warrants that he/she is duly authorised)

PAYMENT SCHEDULE

Company

Payment schedule as of

Total foreign amount   to be paid using the following deals relating to our suppliers' invoices

	Amount	Invoice reference	Reference number