I hereby request Sasfin Bank Limited to make payment to a Third Party on my behalf, the following details are provided below:

☐ Close Account

CLIENT DETAILS

Name of Client:

ID Number/Registration Number:

Physical Address

Street Address:

Business/Complex Name:

Suburb:

City/Town:

Province:

Postal Code

Product:

Sasfin Bank Account Number:

Date of instruction:

Transaction Date:

BENEFICIARY DETAILS

Beneficiary Name / Name of Account Holder:

Payment Reference:

Name of Bank & Branch Code:

Real-time clearing?:   ☐ Yes   ☐ No

Account Number:

Amount in Numbers:

Amount in Words:

I/We hereby confirm the above mentioned information provided to the Bank is true, accurate and complete. I/We hereby expressly indemnify Sasfin Bank Limited ('Sasfin') against any claim of whatsoever nature arising from the above instruction. I/ We agree that Sasfin Bank Ltd will in no way be responsible for the correctness of the beneficiary's information provided by me.

Sasfin reserves the right in its sole discretion to refuse to make payments to a Third party.

I/We acknowledge that Sasfin will not be liable for any losses arising out of Sasfin's failure to action the above request due to incidences out of Sasfin Bank's control.

_____
Client Name & Signature

_____
Client Name & Signature (If applicable)

For any questions, queries or complaints, please email us on customerservice@sasfin.com

OFFICE USE ONLY: Confirmation of all information relating to the transaction is valid and correct.   Banking Operations Support _____   Name & Signature