NEDBANK

BANK USE ONLY **OP**

OUTWARD/CROSS-BORDER/INTERNATIONAL PAYMENT REQUEST

For any assistance call the Nedbank Contact Centre on 0800 555 111.

YOUR (DEBTOR/SENDER) DETAILS
Contact information

Date of application (ddmmyyyy) 2 0

Your own reference number

☐ Entity

Entity name line 1

Entity name line 2

Trading name line 1

Trading name line 2

Tax number

Company registration number

VAT number

☐ Individual

First name

Surname

Gender ☐ Male ☐ Female

Residential status ☐ Resident ☐ Non-resident

Tax number

ID/Temporary permit/ Passport number

Date of birth (ddmmyyyy)

Country where passport was issued

Your contact person

First name

Surname

Contact number

Email address line 1

Email address line 2

Are you/Is the entity the accountholder? ☐ Yes ☐ No If 'No', complete **Appendix A**.

Is it a joint account? ☐ Yes ☐ No If more than one account must be debited to settle the payment, complete **Appendix B**.

Nedbank account name line 1

Nedbank account name line 2

Nedbank account no

Are you an internationally head-quartered company (IHC)? ☐ Yes ☐ No If 'Yes', complete **Appendix A**.

Is there a third party involved? ☐ Yes ☐ No If 'Yes', complete **Appendix E**.

Payment information

Settlement date (ddmmyyyy) 2 0

Rand amount ,

If the foreign currency equivalent of a rand amount will be paid, provide the rand amount and indicate the foreign currency to be used for the payment.

Currency

OR Foreign amount ,

Amount in words line 1

Amount in words line 2

☐ Obtain FEC rate on your behalf ☐ Phone contact person before ☐ FEC already booked

FEC number

An FEC is a forward exchange contract. If more than one FEC is applicable, complete **Appendix B**.

Initial here

CREDITOR (BENEFICIARY/RECEIVER) DETAILS

Entity | Entity name line 1

Entity name line 2

Individual | First name

Surname | Gender | Male | Female

Physical address line 1

Physical address line 2

Physical address line 3

Suburb | City

Province | Post-code

Country

Account number/International bank account number (IBAN)

Creditor agent
Name of beneficiary bank

Name of branch

Physical address

Country | Swift address

Clearing code type | Clearing code

Is there an intermediary or correspondent bank for the creditor agent [optional for routing payment to creditor agent (beneficiary bank)]?

Yes | No | If yes, name of bank

Name of branch

Physical address

Country | Swift address

Clearing code type | Clearing code

Full reason for payment

All local and overseas charges to be borne by creditor – CRED (BEN)

All local and overseas charges to be borne by debtor – DEBT (OUR)

Local charges borne by debtor and overseas charges by creditor – SHAR (SHA)

Please provide details of the account to be debited if 'DEBT (OUR)' or 'SHAR (SHA)' selected: | Account to be debited

Bank-to-bank information **(BANK USE ONLY)**

Initial here

BALANCE-OF-PAYMENT (BoP) REPORTING CATEGORIES – OUTWARD-PAYMENTS NOTES

- Specify the relevant BoP categories (purpose codes) for applicable countries and additional mandatory information for this transaction.
- For outward BoP category codes contact your nearest forex branch or transactional manager or go to https://www.nedbank.co.za/content/dam/nedbank/Forms/Application%20Forms/Personal/Forex/BOP_Category_Guide.pdf.
- If more than one BoP category is applicable, complete **Appendix C**.

Country of origin (country from which goods and services originate)

Purpose code

BoP category code

sub-category

Amount ,

South African Reserve Bank (SARB) authority number (if applicable)

Date authority granted (ddmmyyyy) 2 0

Name of bank where authority is held

CCN[1]

INV/MRN[2]

SARS APN[3]

Transport doc no[4]

Vessel name[4]

IMO number[4]

Loan ref no[5]

Original ref no[6]

Notes:

1 Client customer number (CCN) is mandatory for BoP categories 100, 101, 102, 103, 104, 105, 106 and 109.

2 INV/Movement reference number (MRN) is mandatory for BoP categories 101, 103, 105 and 106

3 SARS Advanced Payment Notification (APN) is mandatory for BoP category 101 for a payment amount of R50 000 and above; payment to CMA countries are exempt from this requirement. For more information go to https://www.sars.gov.za/customs-and-excise/advance-import-payments.

4 Transport document number, vessel name and International Maritime Organization number (IMO) is mandatory for BoP categories 101,103, 106 and 271/03. If more than one is needed, complete **Appendix D**.

5 The loan reference number is mandatory for BoP categories 309 (4–7) 106, 801, 802, 803 and 804.

6 An original reference number is mandatory for BoP categories 100, 200, 300, 400, 500, 600, 700 and 800.

Import permit declaration
If 'Yes', complete this section with the import permit details.

Is import permit required? Yes No

I/We confirm that I/we hold import permit number

dated (ddmmyyyy)

expiring on (ddmmyyyy)

ACKNOWLEDGEMENT AND INDEMNITY

You acknowledge the following:

1 SARB requires that you, keep the related documentary evidence of this transaction available for inspection for 5 years.
2 Once this form has been submitted, it is final and cannot be edited.
3 Any quotation, indication, communication or notification of the exchange rate that we provide is merely indicative, subject to change and not binding, unless we confirmed it in writing.
4 Delays may be experienced due to SARB procedures, settlement procedures or currency holidays.
5 Certain payments may be prohibited, confiscated, embargoed, withheld or otherwise prevented from being made before they have reached the intended recipient(s) because of:
- international law;
- the laws and regulations of other jurisdictions; and/or
- international or governmental practice,

in which event we may notify you as soon as we become aware of it.
6 We will use any information that we may receive in relation to this transaction and any mechanism we deem appropriate to meet international legal requirements.
7 Information relating to this transaction will be given to SARB, the South African Revenue Service, the Financial Intelligence Centre and the Financial Sector Conduct Authority.
8 You indemnify us against and hold us harmless from any loss or damage that you may suffer or incur, directly or indirectly, as a consequence of any of the aforesaid, transmission and telecommunication errors or delays, misinterpretation of instructions, or failures to identify creditors (beneficiaries).

DECLARATION

I, the undersigned, hereby declare that:

1 I have read this document and know and understand the contents thereof.
2 The information furnished above is in all respects both true and correct.
3 The currency applied for will only be used for the specific purpose stated herein.
4 The documentation presented in support of this application is in all respects authentic.
5 I 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
6 I consent to this information being provided to the South African Revenue Service and/or the Financial Intelligence Centre.

Signed at (place)

on (ddmmyyyy) 2 0

For and behalf of (full company name)

Authorised signature of debtor

Authorised signature of debtor

BANK USE ONLY – FOR USE BY THE AUTHORISED DEALER (AD)

Exchange provided in terms of section of the SARB Currency and Exchanges Manual for Authorised Dealers

AD internal authorisation

Date of authorisation (ddmmyyyy) 2 0

OR SARB authority number

Date of SARB reply (ddmmyyyy) 2 0

Submitted by

Note that the authorised accountholder's signature(s) is required at the bottom of the next page for both Appendices A and B.

APPENDIX A: ACCOUNTHOLDER AUTHORISATION – Please complete this section if you are not the accountholder and/or you are an IHC.

☐ Entity — Entity name line 1

Entity name line 2

Trading name line 1

Trading name line 2

Company registration number

VAT number (mandatory for imports)

IHQ number

Tax number (mandatory for imports)

☐ Individual — First name

Surname

Gender ☐ Male ☐ Female — Residential status ☐ Resident ☐ Non-resident — Tax number

ID/Temporary permit /Passport number

Date of birth (ddmmyyyy)

Country where passport was issued

Signed at (place) — on (ddmmyyyy) 2 0

For and behalf of (full company name)

Authorised signature of accountholder

Authorised signature of accountholder

APPENDIX B: MULTIFUNDING – Complete this section if more than one account must be debited or more than one FEC must be used to settle the payment. Note the following abbreviations to be used: Savings (SA), current CA), client foreign currency (CFC), cheque (CH), general ledger (GL). If more than 5 accounts or FECs are required, please attach additional appendices.

☐ Obtain FEC rate on my behalf. ☐ Phone contact person before converting.

Type of account	Account number	Currency	Amount	Existing FEC number booked
			,	

APPENDIX C: BALANCE-OF-PAYMENT (BoP) REPORTING CATEGORIES – OUTWARD-PAYMENTS NOTES – Please complete this section if more than one BoP category is involved.

BoP category code — Sub-category — Amount ,

BoP category code — Sub-category — Amount ,

BoP category code — Sub-category — Amount ,

BoP category code — Sub-category — Amount ,

BoP category code — Sub-category — Amount ,

APPENDIX D: ADDITIONAL VESSEL INFORMATION – Please complete this section if more than one vessel is involved, including information like IMO numbers, container references, etc.

Vessel name

IMO Number

Vessel name

IMO Number

Vessel name

IMO number

APPENDIX E: THIRD-PARTY AUTHORISATION – Please complete this section if a third party is involved.

Entity — Entity name line 1

Entity name line 2

Trading name line 1

Trading name line 2 — VAT number (mandatory for imports)

Company registration number — Tax number (mandatory for imports)

Individual — First name

Surname

Gender — Male — Female — Residential status — Resident — Non-resident — Tax number

ID/Temporary permit /Passport number — Date of birth (ddmmyyyy)

Country where passport was issued

Complete for entity and individual — Physical address line 1

Physical address line 2

Physical address line 3

Suburb — City

Province — Post-code

Country

Is the postal the same as the physical address? — Yes — No — Postal address line

Suburb — City

Province — Post-code

Country

Signed at (place) — on (ddmmyyyy) 2 0

For and behalf of (full company name)

Authorised signature of accountholder

Authorised signature of accountholder