



APPLICATION FOR AN RTGS TRANSFER

(To be completed in CAPITAL/BLOCK LETTERS by a signatory to the debit account and signed as per mandate)

Branch		Date									
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Debit/Payer Account Details	Credit/Payee Account Details																				
Customer's Name _____ _____	Beneficiary's Bank Name _____																				
Customer's Account Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Beneficiary's Bank Branch _____
Physical Address: _____	Beneficiary's Name _____ _____																				
Customer I.D. Type: _____	Beneficiary's Account Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
I.D. Number: _____	Beneficiary's Telephone Number: _____																				
DR Currency <input type="text"/> Transfer Currency <input type="text"/>	Country: _____																				
Rate _____	Purpose of Funds: _____ _____																				
Amount in figures: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Charges Borne by Payer <input type="checkbox"/> Beneficiary <input type="checkbox"/> Both <input type="checkbox"/>
Amount in words: _____ _____																					
Source of funds: _____																					

Customer's Undertaking

I/We irrevocably agree to indemnify the Bank and to keep the Bank indemnified from and against any liabilities, losses, damages, expenses or claims which the said Bank may at any time hereafter be put to or sustain in connection with effecting this electronic funds transfer as per our instructions.

I/We further understand and accept that RTGS instructions from customers for the same day value must be presented to the bank before 15:15hrs E.A.T. and instructions presented thereafter will be dealt with on a best endeavour basis.

Customer's Signature/s	Signatory 1	Signatory 2	Signatory 3
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Form Delivered by	Name	Signature	Date & Time

For Official Use		
Signature & branch date stamp of recipient	Authorised signatory	Authorised signatory