

GLOBAL OUTWARD PAYMENT

| Business Suite: | Value Date: | | | |
|--|---|--|--|--|
| | | | | |
| 1. PARTICULARS OF REMITTER | | | | |
| ☐ Entity | | | | |
| Entity Name: | | | | |
| Trading Name: | Company Registration Number: | | | |
| CCN (Imports Only): | Contact Person: | | | |
| Telephone Number: | Email Address: | | | |
| VAT Number (if applicable): | Income Tax Number: | | | |
| ☐ Individual | | | | |
| Full Name(s): | Surname: | | | |
| Passport Country: | SA ID/Passport Number: | | | |
| CCN (if applicable): | Temporary Permit Number: | | | |
| Telephone Number: | Contact Person: | | | |
| Income Tax Number: | Email Address: | | | |
| Physical Address | Postal Address as per physical address | | | |
| Physical Address Line 1: | Postal Address Line 1: | | | |
| | | | | |
| Physical Address Line 2: | Postal Address Line 2: | | | |
| | | | | |
| Suburb: | Suburb: | | | |
| City: | City: | | | |
| Province: Postcode: | Province: Postcode: | | | |
| Country: | Country: | | | |
| | | | | |
| 2. TRANSACTION DETAILS | | | | |
| Contract Number (if applicable): | rrency: | | | |
| Foreign Amount (if applicable): | Exchange Rate: | | | |
| ZAR Equivalent (if applicable): | Fee: | | | |
| Account Number to Debit: | | | | |
| Account Number to Debit with Charges: | | | | |
| Charge Instruction: BEN SHA OUR | Total Amount: | | | |
| | | | | |
| 3. REPORTING DETAILS | | | | |
| Category Code: | Sub Category: | | | |
| Description of Payment: | SARB Authority Number (if applicable): | | | |
| SARB Authority Date: | Payment Reference: | | | |
| Import Control Number (MRN) (if applicable): Loan Ref Number (if applicable): | | | | |
| | | | | |

^{*} Balance of Payment Categories (Outward Payment Codes) attached at the end of the application for ease of reference.

| 4. PARTICULARS OF BENEFICIA | RY | | |
|--|--|--|--|
| ☐ Entity | | | |
| Legal Entity Name: | | | |
| ☐ Individual | | | |
| Full Name(s): | | | |
| Surname: | | | |
| Gender: Male Female | | | |
| Physical Address | | | |
| Physical Address Line 1: | | | |
| | | | |
| Physical Address Line 2: | | | |
| | | | , |
| Suburb: | | | |
| City: | | | |
| Province: | | Postcode: | |
| Country: | | | |
| Country. | | | |
| 5. BANKING DETAILS | | | |
| Account Holder Name: | | Bank Name: | |
| ABA/Routing Number (if applicable): | | SWIFT Code: | |
| Account Number/IBAN: | | Country: | |
| 7 toodan Transporter | | _ Country. | |
| DECLARATION AND ACKNOW | VLEDGMENT | | |
| I/We, 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; 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; I/we consent to this information being provided to the South African Revenue Service and/or the Financial Intelligence Centre. Signed at on (Date) For and behalf of | | | |
| Signature (who warrants he/she is duly auth | norised) | Signature (who warrants he/she is du | ly authorised) |
| DISCLAIMER | | | |
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| EOD OFFICE USE ONLY | | | |
| FOR OFFICE USE ONLY: | | | |
| TRN Reference Number: | | | |
| Ruling section: | | | |
| Completed in terms of mandate dated: | | | |
| Date Processed: | | | |
| Other: | | | |