

## **HBZ BANK LIMITED**

(A Subsidiary of Habib Bank AG Zurich)

Branch/Hub Name	Branch/Hub Code		Date									
INTERNATIONAL OUTWARD PAYMENT (BANK SALE) Integrated Form												
I / We hereby apply to purchase foreign exchange from HBZ Bank Limited by way of:												
Teletransmission	Foreign Notes	Other										
Bank Transaction Reference Number			Value Date									
Currency: Foreign Amount												
Exchange Rate												
Rand Amount												
RESIDENT PARTY (APPLICANT)												
Individual - Name and Surname or Full Entity Name  Gender - If Individual	Male	Comple	Date of Birth (if Individual)									
Company Registration number/Identity Number or Pe Number		Female	Date of Diffi (ii individual)									
Passport and Passport Country (if applicable)												
Tax number			Vat Number									
Tax clearance certificate number (if applicable)												
Full physical address (Not PO Box address)												
Postal Address same as Physical Address, or												
Full Postal address												
Contact telephone number/Email/Fax number												
Contact Name and Surname												
BENEFICIARY DETAILS (in favour of)												
Name and Surname of Individual or Entity name												
Gender – If Individual	Male	Female										
Beneficiary physical address												
Country												
BENEFICIARY BANK DETAILS Beneficiary Account No or IBAN												
Name of Bank:												
Branch Name:												
Swift Address:												
Country From Which Goods/Services were obtained		<del>-</del>	-	Initial								

HBZ Bank Limited Outward Forex v1 2018

	RRESPONDENT of Bank	BANK	<u>DETAILS</u>								
Swift .	Address										
RES	IDENT THIRD	PARTY	DETAILS (	∟ (if applicat	ole)						
Individ	ual - Name and Surna	me or Full E	ntity Name								
Gender - If Individual			Male	Male Female							
Compai	ny Registration Number/Io	dentity Number	er or Permit No.								
Passpo	ort number and Passp	ort Country	(if applicable)								
EIN	ANCIAI SIIDVI	EII I ANG	re (BODC)	IIS) DEDOB	RTING DETAILS						
- 1117/	ANOIAL JONVI	LILLAIN	JE (BOPO	JJ, KLPON	TINO DETAILO						
No.	Purpose of payment	CCN	Bop category	Bop sub category	Invoice number	Invoice amo	ount	Tentative shipme advance in			
1											
2											
3											
SAR	RB APPROVAL	DETAIL S	S (if annli	cable)							
<u>UAI</u>				<del>-</del> -							
	SARB Authority N	lo.	Date of Authority		Loan Reference No.	Loan Interes	t Rate	Authorized Dea	ler Name		
SET	TLEMENT INT	RUCTIO	<u>NS</u>								
Debit	Account Number:										
					<u> </u>						
Conv	ersion		Spot		Forward Exchange Contract Number:						
FOE	REIGN BANK C	HADGE	S (our/bon	oficiary/sh	aro)						
	cknowledge the follow		oui/beii	encial y/sii	aie)						
	•		•	•	evidence of this transaction available for ys in transmission, non-arrival as a re		. , ,		t of instructions		
• I,	We acknowledge that there	e may be delay	s in the processin	g of my/our paymer	able for any loss or damage from whaten the instructions from time to time due to	currency holidays or ar	ny settlement	procedures and according			
a	ndemnify HBZ Bank Limite irising, as a consequence of Certain payments may, thro	f such delays.		from any claims, lia	bility, losses or damages of whatsoe	ver nature that I/we ma	iy incur, whet	her directly or indirectly	and howsoever		
1. ii 2. t	nternational law, he laws and regulations of	other jurisdiction	ons, and/or								
h		recipient(s). H	IBZ Bank Limited		be prohibited, confiscated, embargoe me/us if any payment is so prohibited						
• +		se any informa	ation that it may re		this transaction (which may not be lim	ited to information appe	earing herein)	, and shall utilise any mo	echanism that it		
	Accordingly, I/we indemnify foresaid.	HBZ Bank Lim	nited against and h	nold it harmless fron	n any loss or damage whatsoever that	I/we may suffer or incur	r, directly or in	ndirectly as a consequen	ce of any of the		
d	ocumentation must be pres	sented to HBZ	Bank Limited with	in four months from	Regulations regarding advance payme the date of payment. Where goods ha port the matter to the SARB authorities	ive not been or will not b					
• I,	We acknowledge that requ	ests to effect of		•	rate of commission and/or fee is norma		concerned.				
	ARATION & SIGNATUR	RE: —									
	ndersigned  I have read this document	and know and	understand the co	hereby decla	re that:						
•	The information furnished a The currency applied for w	above is in all r ill only be used	espects both true and for the specific pu	and correct urpose stated therei	n						
		limit applicable	le to the above trai	nsaction and confire	n that this limit will not be exceeded as ce and / or the Financial Intelligence C		ion of this trar	nsaction	l		
For and	on behalf of:	•			_						
							AUTHORIZET	DEALER BANK STAMP			
					DATE			- ·· · · · · ·			
		AUTHORISED	SIGNATORIES								