

Application for Overseas Payments

CONFIDENTIAL

Test key code

Applications by SA residents (individuals/entities) in respect of foreign travel allowance (category 303/304) must be accompanied by form no ABSA 2998 BX (annexure to form no ABSA 702 EX – "Application for Overseas Payments")

Absa Bank Ltd ("the bank") must comply with national and international laws, regulations, policies, rules and requirements to prevent criminal activities, money laundering and terrorist financing, sanctions and prohibited business activity laws and rules violations. The bank must therefore check all information from and about you and related parties, and monitor, verify, process and screen your and related party information, instructions and transactions on an ongoing basis. This may cause some delays or the limitation or the prohibition of transactions that you make or accounts you apply for. The bank may also have to end its relationship with you without warning.

The bank is not responsible for any losses or damages that you may suffer because of these checks or by the bank ending the relationship. This includes any loss of profits or savings that you would otherwise have expected to make.

If this instruction and/or any of the goods and/or services provided under this instruction are governed by the Consumer Protection Act 68 of 2008, and/or the National Credit Act 34 of 2005, it is not intended that any provision of this instruction contravenes any provision of the Consumer Protection Act or the National Credit Act, as the case may be and therefore all provisions of this instruction must be treated as being qualified, if necessary, to ensure that the provisions of the Consumer Protection Act and/or the National Credit Act, as the case may be, are complied with.

To make some payments, the details of the payment (including information about those involved in the payment) may be sent to third parties. There it could be accessible to regulators and authorities in connection with their legitimate duties, for example, preventing crime. By signing this Application for Overseas Payments, the applicant agrees to the provisions of this clause as it applies to it as well as on behalf of other parties involved in the payment.

Absa	branch	Branch MICR code
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I/We hereby apply to purchase foreign exchange from Absa Bank Ltd ("the bank") by way of:

<input type="checkbox"/> Bank draft**	**Remote issuance?	YES	NO	**Remote issuance bank drafts are issued by worldlink's offshore processing centres and mailed directly to the specified beneficiary on the bank's behalf
<input type="checkbox"/> Electronic transfer				

NB: International practice dictates that the beneficiary's account can only be credited or payment made two business days after the bank receives this application. If earlier payment is desired, special arrangements will have to be made, if possible.

SHADED AREAS ARE FOR OFFICE USE	Absa transaction reference no (Field 20)														
Cover number	Value date required	D	D	M	M	C	C	Y	Y						
Amount to be debited against the applicant's account, <i>exclusive of charges</i>	C	U	R												
Amount to be transferred to the beneficiary (<i>Swift Draft amount</i>)	C	U	R												

APPLICANT'S DETAILS (Field 50a)															
Surname (<i>individuals</i>)/Full legal name (<i>entities</i>)															
First names (in full – <i>individuals</i>)															
Physical address (<i>Street – not PO Box no</i>)															
Suburb	City	Country	OFFICE USE	SWIFT COUNTRY CODE	ZA										
Identity/Temporary residence permit/Co registration no															
Passport no**											Country of issue**				
**MANDATORY if transaction represents holiday or business travel allowance on behalf of SA residents or returning foreign nationals															
Residential status	RSA resident				Non-resident				Emigrant				Temporary resident of CMA		
Tax reference no					Telephone	Area code					Number				
VAT reference no					Fax	Area code					Number				
Contact person (Name)											E-mail				

Authorised signature(s)

BENEFICIARY'S DETAILS (Field 59a)

ALL FIELDS IN THIS SECTION ARE MANDATORY FOR *STP THROUGH THE PAYMENT CHAIN	Residential status	RSA resident		Non-resident		Emigrant		Temporary resident of CMA	
	Account no/IBAN no	/ <<<IBAN required for EU payments>>>							
	Full name(s)/surname (individual) or full legal name (entity)								
	Business/Residential address (not PO Box no)								
	Suburb				City				
	ZIP code	State code		Postcode		Country			
	BENEFICIARY'S BANK DETAILS (Field 57)								
	Sort code	//							
Name									
Address									
Town/City				Country					
SWIFT BIC	<<<SWIFT BIC required for EU payments>>>								

*STP – Straight Through Processing: The payment will be executed by the beneficiary bank without any manual intervention.

INTERMEDIARY BANK (Field 56) (Not mandatory)

This field specifies the financial institution/bank through which the transaction must pass to reach the beneficiary's bank/institution (Field 57). Complete only either option A, C or D – option A is the preferred option

Option A	SWIFT BIC	<<<SWIFT BIC mandatory for EU payments>>>							
Option C	Clearing system code	//							
Option D	Name of bank								
	Address								
	Town/City				Country				

DETAILS OF CHARGES (Field 71a) [Please tick (v) the applicable block]

SHA	Share (each party to pay own)	BEN	Beneficiary to pay all	OUR	Applicant to pay all
Amount of foreign charges, if known	C	C	Y	Amount	
Instructing code (Field 23E)	Additional information				
Remittance information (Field 70)					
Regulatory reporting (Field 77B) as advised by overseas beneficiary, when applicable					

INFORMATION REQUIRED FOR STATUTORY REPORTING PURPOSES

PURPOSE OF PAYMENT (Provide full and precise details of the payment)	OFFICE USE <div></div> STATUTORY REPORTING CATEGORY
Additional reporting requirements	

NB: Where applicable to this transaction, the provision of the particulars detailed hereunder is MANDATORY; The bank is precluded from proceeding with the processing of such transactions in the absence of the requisite details

PAYMENT OF CAPITAL PORTION (Category 999) or INTEREST (Category 407) in respect of a LOAN RECEIVED FROM A NON-RESIDENT

LOAN REFERENCE NO (as allocated by the SA Reserve Bank)			
TRANSACTIONS RELATING TO MERCHANDISE IMPORTS (Categories 101, 102, 103, 104, 105, 106 or 201)			
I/We confirm that an import permit	has been issued and is available for inspection by the bank		is not required
Invoice no(s)	Transport document no(s)		
SAD 500 Customs declaration form no(s)	Parcel post receipt no(s)		
*Movement reference number (MRN)	Customs client number (CCN)		

*In the event that more than one MRN is included in this payment, please attach a complete listing of all MRNs to be paid – Absa form no ABSA 4662 EX may be used for this purpose.

Authorised signature(s)

SETTLEMENT INSTRUCTIONS

Convert the foreign currency amount stated overleaf		at the spot rate of exchange		utilising the undermentioned forward exchange contract(s)	
No	Expiry	No	Expiry	No	Expiry
The foreign currency amount has been covered directly with your dealing room as follows			Exchange rate	Deal ref no (if known)	
Account type			Account number		
Debit the PRINCIPAL AMOUNT to account			CFC	CIA	Rand
Debit ABSA BANK CHARGES to account			CFC	CIA	Rand
Debit OVERSEAS BANK CHARGES to account			CFC	CIA	Rand
Settlement will be effected by		Cash	Bank guaranteed cheque		Other

DECLARATION

I/We declare that I/we understand the features of the service for which I/we have applied and that the information provided by me/us is true and correct.

The nature of the above provision is that it is an acknowledgement of facts by the applicant and its effect is to limit the applicant's rights to claim that such facts are not accurate.

*I furthermore declare that the amount applied for in this application will not result in me exceeding the single discretionary allowance limit for the current calendar year as prescribed in the relevant section of the exchange control rulings at the date of this application.

The nature of the above provision is that it is an acknowledgement of fact by the applicant and its effect is to limit the applicant's rights to claim that such fact is not accurate.

Signed at _____ on _____
(Place) (Date)

Authorised signatory(ies) _____

For and on behalf of _____

and duly authorised thereto (Full registered name of company or initials and surname in block letters)

*Only relevant payments in respect of donations to missionaries; maintenance transfers; monetary gifts and loans; travel and study allowances (single discretionary allowance).

ACKNOWLEDGEMENT OF RECEIPT OF BANK DRAFT/RELATED TERMS AND CONDITIONS [tick (✓) applicable blocks]

Bank draft no (not applicable to remote issuance bank drafts)	Terms and conditions applicable to bank drafts issued (including remote issuance bank drafts)
Received by (signature)	Name (in block letters)
Date	

OFFICE USE

DESTINATION SWIFT ADDRESS	NOSTRO/VOSTRO/ZAPS ACCOUNT
SENDER'S correspondent (field 53)	RECEIVER'S correspondent (field 54)
3RD REIMBURSEMENT bank (field 55)	INTERMEDIARY bank (field 56)

CREDIT APPROVAL

Rand equivalent (approx): R

Authorised by (Name of appropriately mandated official) _____ Signature _____ Employee no _____ Date _____

Branch/Centre
Time/Date stamp