INDIVIDUAL REMITTANCE BoP FORM

Inward		Outward		Conversion	

The scanned Copy of this application duly filled in and signed needs to be uploaded on the INB Platform (please select 'Send to "TRA"' while composing the message to upload the application). Requests received up to 1.00 pm shall be processed at the day's card rate. Those received beyond 1.00pm shall be processed at the next working day's card rate. The dealing staff shall contact the remitter on the registered contact number as per our record, irrespective of the amount of the transaction, to confirm the details of the transaction. The payment shall be processed only after telephonic confirmation. USE CAPITAL LETTERS AND FILL IN AMOUNT IN ONE CURRENCY ONLY (1 OR 2)

Please transfer/ Remit the funds as per the following instructions:

PART 1: APPLICANT DETAILS					
SURNAME		FULL NAME			
FULL ADDRESS				SUBURB	
PROVINCE		CITY		POSTAL CODE	
PASSPORT/ SA ID NO.		EXPIRY DATE			
WORK PERMIT NUMBER		EXPIRY DATE			
ACCOUNT NUMBER		EMAIL ADDRESS			
TAX NUMBER		ANNUAL INCOME		AMOUNT ALREADY REMITTED IN THE CURRENT CALENDAR YEAR	
CURRENCY 1	ZAR ❑ INR ❑ USD ❑		CELLPHONE NUMBER		
AMOUNT (IN FIGURES)		AMOUNT (IN WORDS)			

PART 2: BENEFICIARY DETAILS					
PURPOSE OF REMITTANCE	SAVINGS TRANSFER FOR FOREIGN NATIONAL (417)❑ GIFT FOR SA RESIDENT (401) ❑ INVESTMENTS FOR SA RESIDENT (512) ❑ OTHER PURPOSE ❑ (please specify) _____				
SURNAME		FULL NAME			
FULL ADDRESS				SUBURB	
PROVINCE		CITY		POSTAL CODE	
CURRENCY 2	ZAR ❑ INR ❑ USD ❑		CELLPHONE NUMBER		
AMOUNT (In figures)			AMOUNT (in words)		
ACCOUNT NUMBER		BANK NAME			
IFSC CODE			SWIFT CODE		

PART 3: DECLARATION (APPLICABLE FOR RSA ID HOLDERS) Please *Tick any One option*
❑ Within the single discretionary allowance limit of R2 million per calendar year as a gift remittance.
❑ Within the single discretionary allowance limit of R2 million per calendar year without the requirement to obtain a SARS Tax Clearance Certificate.
❑ Capital allowance up to limit of R10 million per calendar year, with SARS Tax Clearance Certificate.
"I FURTHER DECLARE THAT I WILL NOT PURCHASE FOREIGN EXCHANGE FROM ANY AUTHORIZED DEALER IN EXCESS OF THE APPLICABLE LIMITS."

PART 4: DECLARATION & SIGNATURE (MANDATORY FOR ALL)

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.
6. I the undersigned, hereby declare that money deposited into my undersigned account is beneficially owned by me, "*the applicant*" and that neither part nor is all of it associated with any illegal/criminal activity including proceeds of Money Laundering or the Financing of Terrorism.
7. I declare that the amount being remitted under this BOP is within my known & declared source of Income.
8. I also declare that my visa document entitling me to reside in RSA has not expired and valid as on date.
9. I understand that under normal circumstances the bank shall sent debit advice to my registered mobile number and will advise the bank immediately in case of wrong debit to my account.
10. I undertake to take all safeguards for secured use of my email address and the bank shall not be liable for any loss arising out of its misuse in any manner.
11. I understand that as per law any credit to the beneficiaries account shall be afforded on the basis of the account number provided by me and the bank shall not be liable for the authenticity of the name and the address of the beneficiary.
12. By completing this form, you give SBI consent to process your personal information as per section 18 of the Process of Personal Information Act.
13. I consent to this information being provided to the South African Revenue Service and/or the Financial Intelligence Centre.

I DECLARE THAT THE ABOVE INFORMATION PROVIDED BY MYSELF IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE

Place: _____ Signature _____ Date: _____

Part 5: For Office Use Only: Date		Posted By:		Verified By:	
ZAR/FC Amount		INR/ ZAR/ FC Amount			
S Number:	S	TS Number:	326 TS	PO No	
Commission		VAT		Postage	