



STATE BANK OF INDIA SOUTH AFRICA
REGISTRATION NO: 1996/18176/10 (BR.ID.CODE: 99290100)
APPLICATION FOR REMITTANCE: BOP FORM (for Individuals only)
 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 money / funds as per the following instructions:

SURNAME				FULL NAME			
FULL ADDRESS							
				CELL / TELEPHONE NO.			
PASSPORT				EXPIRY DATE			
RSA ID				SARS TAX NO			
WORK PERMIT NO.				EXPIRY DATE			
FROM ACCOUNT NO.				ANNUAL INCOME / SALARY			
CURRENCY 1	USD	ZAR		AMOUNT ALREADY REMITTED DURING CURRENT CALENDER YEAR			
AMOUNT (in figures)							
AMOUNT (in words)							

BENEFICIARY DETAILS (OUTWARD) / REMITTER DETAILS (INWARD):

SURNAME				FULL NAME			
FULL ADDRESS							
				CELL / TELEPHONE NO.			
PURPOSE OF REMITTANCE <i>(please tick one)</i>	Savings Transfer (417) / Gift (401) / Study (285) / Travel Allowance (256) / Others (please specify) <i>Education expenses</i>						
BANK NAME				BRANCH NAME & CODE			
TO ACCOUNT NO.							
CURRENCY 2	INR	USD	ZAR	IFSC CODE			
AMOUNT (in figures)				SWIFT BIC			
AMOUNT (in words)							

DECLARATION:

"I, 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; and
- I consent to this information being provided to the South African Revenue Service and/or the Financial Intelligence Centre."
- I/ We, the undersigned, hereby declare that Money Deposited into my / our, undersigned account is Beneficially owned by Applicant and that neither part nor is all of it associated with illegal/criminal Activity and the transaction of Money do not constitute Money Laundering.
- I / we affirm that this remittance will not result in exceeding limit of discretionary allowance set under South African Exchange Control Regulation – B4 as revised from time to time.
- I also declare that the amount being remitted under this BOP is within my known & declared source of Income.
- I also declare that my visa document entitling me to reside in RSA has not expired and valid as on date (Please strike out if not applicable)
- 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.
- 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.
- I understand that as per law credit to the beneficiaries account shall be afforded on the basis of the account number and the bank shall not be liable for the authenticity of the name and the address of the beneficiary.

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

CUSTOMER SIGNATURE: _____

DATE: _____

For Bank's use: Date: _____
ZAR/FC Amount: _____ INR /ZAR/ FC amount: _____
S No. _____ 326 ___ TS _____ Commission: _____
VAT: _____ Postage: _____
Signature, Cell No, Address, Email verified with system
Posted by: _____ Verified by: _____