



SOUTH AFRICA
(Reg. No. 1996/18176/10)

_____ Branch / Sub-Office / Marketing Office

REQUEST FOR EFT/RTGS/INTERNAL TRANSFER

Customer Details

1. Customer Name	
2. Account Number	
3. Mobile Number	
4. Email Address	

Beneficiary Details

1. Account Holders Name	
2. Account Number	
3. Bank Name	
4. Branch Name	
5. Branch Code	
6. Amount	
7. Amount In words	
8. Reference	
9. Transaction Type	SBI To SBI <input type="checkbox"/> EFT <input type="checkbox"/> RTGS <input type="checkbox"/>

- I authorise SBI to debit my account including any applicable charges and credit the above beneficiary.
- I understand that any payment requested on a Public Holiday, weekend or received after 14:30 will only be processed the next business day.
- I understand, Payments may take up to 48 hours to reflect in the beneficiaries account.
- I understand, SBI does not take any responsibility and will not be liable for any loss whatsoever to the remitter should there be a delay in payment or if the instruction cannot be carried out by SBI due to incorrect details / incomplete form submitted by me which renders bank unable to carry out its due diligence process.
- I indemnify the Bank of any loss or damage as a consequence of acceptance of any email instructions issued or purported to have been issued by myself from my registered e-mail id with the bank. I understand, It my responsibility as the account holder to inform the bank well within time max. 1 month, in case of any changes made to my registered e-mail id.
- I understand, the payment shall be processed by SBI, only after telephonic confirmation on my registered number.

Authorised Signature: _____

Date: _____

For Bank's Use only:

				SDC NO		
DR	CUSTOMER ACC.		CR	BENEFECIARY ACC		
				BR. COMM. A/C		32697107003003
				VAT		32697105800054
	Total Debit			Total Credit		

Captured By

User id: _____

Signature: _____ Date _____

Verified By

User id: _____

Signature: _____ Date _____

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