

ZETSS APPLICATION FORM

The Manager
 Metbank _____
 Branch _____

Bank Stamp _____

Date

D	D	M	M	Y	Y	Y	Y
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Submitted by _____
 ID Number _____
 Telephone Number _____
 E-mail _____

Dear Sir/Madam

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Kindly effect the following funds transfer via ZETSS

Applicant's Full Name _____

Account Number

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Currency: (Tick where applicable) USD ZAR EURO

Amount in figures Amount in words _____

Value Date

D	D	M	M	Y	Y	Y	Y
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BENEFICIARY DETAILS

Account Name _____

Address _____

Beneficiary's Bankers _____ Branch _____

Account Number

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Reason for Payment _____

Please note that the date stamp on the customer copy is only an acknowledgement of receipt and does not guarantee that the transfer will be effected since all conditions stipulated on this form must be met first before the transfer is made.

INDEMNITY

I/we understand that payments made via the ZETSS are irrecoverable and irreversible. Kindly debit my/our account with the amount of the transfer and your charges. Whilst I/we have requested the bank to undertake the above instruction, I/we indemnify the bank against delayed processing due to funds not being timeously credited by the receiving bank, inability to process due to inadequate cleared funds, incorrect or insufficient details and any other circumstances beyond its control.

I/we understand that it is an offence to use the ZETSS to undertake or facilitate money laundering or unlawful transactions. I/we irrevocably authorise the bank to reverse, block or suspend any unlawful transaction.

Authorised Signature (s) _____

(As per signing arrangements)

FOR BANK USE ONLY

Branch _____ Received Date

D	D	M	M	Y	Y	Y	Y
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 Time _____

	Name	Signature	Date (DD/MM/YYYY)
Signature Verified			
Entries Passed			

Branch Authorised Signatory _____ Date

D	D	M	M	Y	Y	Y	Y
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