

PR 52690213750
No 42884

ZETSS APPLICATION FORM



Date DDMMYYYY 08052020

The Manager
Metbank

Submitted by

ID Number

Telephone Number

E-mail

Branch

Dear Sir/Madam

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

Kindly effect the following funds transfer via ZETSS

Applicant's Full Name

Account Number

Currency: (Tick where applicable) USD ☐ ZAR ☐ EURO ☐

Amount in figures

Amount in words

Value Date

BENEFICIARY DETAILS

Account Name

Address

Beneficiary's Bankers

Branch

Account Number

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

Time

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

Instant Litho 08644272970

Branch Authorised Signatory

Date