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| **Fax** |
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| This page and any accompanying documents may contain confidential and proprietary information. This information is private and protected by law and, therefore, if you are not the intended recipient, you are requested to destroy this document immediately and are notified that any disclosure, copying or distribution, or taking of any action based on this information is prohibited. |

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| To |  | Fax |  |
| From |  | Fax |  |

This fax consists of 6 (six) pages, including this page.

The Inward Payments/Integrated BoP Report Standing Instruction and Indemnity (‘**Integrated Form**‘) is attached.

**Change to Exchange Control Rulings**

In terms of section J(B) of the Exchange Control Rulings authorised dealers may complete and sign the Integrated Form on behalf of their-customers. Therefore, once we have received the completed Integrated Form, we will be able to process inward payments without contacting you to confirm the BoP category or subcategory for each payment. This requires, however, that a single BoP category or subcategory should always apply to the account(s) listed in the attached form.

The relevant Exchange Control Ruling reads as follows:

‘When the customer is not physically available to complete and sign the Integrated Form, the Authorised Dealer may complete and sign the integrated form on the customer’s behalf, either physically or electronically, provided that the Authorised Dealer has been authorised to do so by means of a consent letter or facsimile message …’

**How to complete the form**

We can only accept the completed form via fax or scanned email.

**It is not necessary to complete the BoP category or subcategory, rate or amount, but the reason for the payment or the purpose of incoming funds must be provided.**

If the information populated must be amended, this should be noted and signed or initialled by the authorised signatories on the hard copy. The box at the bottom of page 4 should also be checked (indicating that amendments are necessary) and the form faxed or emailed to

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so that the documents can be updated and faxed or emailed back to you for review and signature.

**Purpose of the Integrated Form**

The purpose of the form is to obtain your consent for and declaration in respect of the BoP category or subcategory for the account(s) listed. The form has been updated to include clauses pertaining to the fax, scanned email and telephonic transmission of information.

Standing instruction mandates can only be processed for specific beneficiary accounts. The beneficiary account(s) are therefore listed on the form.

**Requirements**

The Integrated Form must be initialled on each page and signed by the authorised signatory/signatories and witnesses on page 4.

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| Once signed, the Integrated Form should be sent via fax or scanned email to | |  |
| For any enquiries kindly contact |  | |

Kindly be advised that both incoming and outgoing telephone calls are recorded at the Global Business Centre (GBC).

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| **BRANCH** | | | | | | | | | | | |
| Name |  | Standing instruction and indemnity ref number | | | |  | | | | | |
|  |  |  | | | |  | | | | | |
|  | | Date submitted | D | D | M | | M | Y | Y | Y | Y |

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| **APPLICANT’S DETAILS (ACCOUNTHOLDER***) (Please indicate whether you are an entity or an individual and complete the appropriate section.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Entity** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entity name\* | |  | | | | | | | Trading name | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Residential status\* | Resident | | Non-resident | | | | | Registration number | |  | |  |  | |  | | / | | |  | |  | |  |  | |  | |  | / | |  | |  | |
| VAT number | |  | | | | | | | Tax number | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Are you an International Headquarters Company (**IHQ**)? | | | | | | Yes | | | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| If ‘*Yes*’, provide IHQ number | | | |  |  | |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Individual** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name\* | |  | | | | | | | Surname\* | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Residential status\* | | Resident | | Non-resident | | | | | Identity/Temporary-permit number\* | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Passport number | |  | | | | | | | Country where passport was issued | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Tax number | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gender | | Male | | Female | | | | | Date of birth | | | | | D | | | | | D | | M | | M | | | Y | | Y | | | Y | | Y | |

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| **Physical address** |  | **Postal address** | Same as physical address |
| Physical address line 1\* |  | Postal address line 1\* |  |
| Physical address line 2 |  | Postal address line 2 |  |
| Suburb\* |  | Suburb\* |  |
| City\* |  | City\* |  |
| Province\* |  | Province\* |  |
| Postcode\* |  | Postcode\* |  |
| Country\* |  | Country\* |  |

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| Contact person's first name\* |  | Contact person's surname\* |  |
| Telephone number\* |  | Fax number |  |
| Email address |  | | |

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| **Account details** | | | | | | | | | | | | | | | | | | | | | | |
| Account number |  |  |  |  |  |  |  |  |  |  | Account number |  |  |  |  |  |  |  |  |  |  | |
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| Account number |  |  |  |  |  |  |  |  |  |  | Account number |  |  |  |  |  |  |  |  |  |  | |
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| Account number |  |  |  |  |  |  |  |  |  |  | Account number |  |  |  |  |  |  |  |  |  |  | |
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| Reason for payment or purpose of incoming funds\* |  |
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Note: For Inward BoP category descriptions and codes contact your nearest branch or access <https://www.nedbank.co.za/website/content/forms/>

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| ***For bank use only*** | | | |
| BoP category or subcategory |  | | |
| Estimated amount or range |  | Rate instruction |  |

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| **REMITTER’S DETAILS** *(Please indicate whether you are an entity or an individual and complete the appropriate section.)* | |
| **Entity** |  |
| Entity name\* |  |

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| **Individual** |  | | | |
| First name\* |  | | Surname\* |  |
| Gender | Male | Female |  | |

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| Currency |  | Approximate amount |  |  |  |  |  |  |  |  |  | **.** |  |  |

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| Address line 1 |  | Address line 2 |  |
| Suburb |  | City |  |
| Province/State |  | Postcode/Zip |  |
| Country\* |  |  |  |

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| **SARB REQUIREMENTS** | | | | | | | | | | |
| SARB authority number\* |  | Expiry date\* | D | D | M | M | Y | Y | Y | Y |
|  | | | | | | | | | | |
| Name of bank\* |  | Date of approval\* | D | D | M | M | Y | Y | Y | Y |

1. **AUTHORISATION**

**WHEREAS** I/we will not always be able to provide the bank with an Inward Payments/Integrated BoP Report Standing Instruction and Indemnity (‘**Integrated Form**’) instructing the bank to (*please select one of the options below*):

* 1. place funds received by the bank on my/our behalf via inward payment in my/our Customer Foreign Currency account (CFC) or current account or
  2. convert funds received by the bank on my/our behalf via inward payment at the relevant rate for that day, unless I/we instruct the bank otherwise by prior written notice, and credit the rand equivalent of the funds to the account quoted in the inward SWIFT message

**THEREFORE**

* 1. I/we hereby authorise the bank in the above cases and where deemed appropriate by the bank to contact me/us either telephonically or electronically (via email or fax) whenever the bank receives funds on my/our behalf via inward payment, and to obtain and accept my/our instructions and consent either telephonically or electronically (via email or fax) and
  2. I/we warrant that my/our reason for payment or the purpose of the incoming funds, the estimated amount or range and the rate instruction as stated above will not change in relation to any future inward payments, and that I/we expressly undertake to provide the bank with a newly completed and signed Integrated Form prior to my/our changing our reason for payment or the purpose of the incoming funds.

**2 CONSENT**

**WHEREAS** I/we understand, confirm and acknowledge that:

* 1. the use of the telephone, email or fax may not be the safest or most prudent way of providing instructions as a result of the inherent shortcomings of these methods, including, without limitation, equipment malfunction and distortion,
  2. aside from asking questions relating to personal information, it is not possible for the bank to confirm the identity or the authority of the person(s) providing the instructions either telephonically or electronically (via email or fax),
  3. should any personal information or instruction fall into the hands of an unauthorised party, this may be used to commit fraud and
  4. by instructing and authorising the bank to accept instructions either telephonically or electronically (via email or fax), I/we may be exposing myself/ourselves to substantial risk not specified herein,

**THEREFORE, as a prerequisite to the bank’s accepting my/our instructions as set out above:**

* + 1. **I/we consent to the electronic recording by the bank of instructions provided telephonically and to the recordal of the instructions, whether received telephonically or electronically (via email or fax) on the bank’s processing systems;**
    2. **I/we confirm that I am/ we are legally bound by the telephone recordings of the instructions and by instructions or transactions provided electronically (via email or fax) in the same manner as I/we would have been had I/we completed and signed an Integrated Form;**
    3. **I/we acknowledge that I am/we are fully aware of the terms and conditions of the Integrated Form; and**
    4. **I/we agree that such terms and conditions are valid and binding.**

1. **ACKNOWLEDGEMENT**

**I/We confirm that the bank is not obliged to confirm receipt of the instructions or purported instructions either telephonically or electronically (via email or fax) to me/us in writing or otherwise.**

1. **INDEMNITY**

**4.1 I/We hereby indemnify and agree to keep the bank indemnified against all demands, actions and proceedings, including any loss or damage of whatever nature that may be suffered by the bank, whether directly or indirectly, arising out of or in connection with or relating to the receipt and implementation of instructions or purported instructions, either telephonically or electronically (via email or fax), or the electronic recording of telephone conversations in respect thereof.**

**4.2 I/We hereby indemnify and agree to keep the bank indemnified against all demands, actions and proceedings, including any loss or damage of whatever nature that may be suffered by the bank, whether directly or indirectly, arising out of or in connection with or relating to any transgression of exchange control regulations and/or the fact that funds received via inward payment may not relate to an underlying export trade or transaction.**

* 1. **I/We hereby indemnify the bank, its affiliates and/or employees for any loss or damage of whatever nature and howsoever arising as a direct or indirect result of instructions or purported instructions received either telephonically or electronically (via fax or scanned email) and implemented by the bank, including, but not limited to, loss or damage (of whatever nature) brought about by or in relation to any or all of the following:**
     1. **infringements of confidentiality arising from the use of the telephone or fax to receive information from or to send instructions or information to the bank;**
     2. **malfunctions, failures or unavailability of any hardware, software or equipment;**
     3. **reliance placed on incorrect, illegible, inaudible, incomplete or inaccurate information or instructions of any kind provided by telephone, email or fax;**
     4. **false, fraudulent or altered information or instructions of any kind provided by telephone, email or fax;**
     5. **failure to act immediately on information or instructions of any kind given to the bank either telephonically or electronically (via email or fax), irrespective of the reason for the delay and whether or not there was negligence on the part of the bank or any of its employees; and**
     6. **any event beyond the bank’s control.**
  2. The indemnities set out above do not absolve the bank from any loss suffered by me/us as a result of gross negligence on the part of the bank or any of its employees. However, the liability of the bank or any of its employees in the event of any successful claim based on gross negligence will be limited to actual financial loss incurred by me/us and will exclude indirect and consequential loss or special damages of any nature whatsoever.
  3. I/We acknowledge and agree that certain payments may, through the operation of –
     1. international law,
     2. the laws and regulations of other jurisdictions, and/or
     3. international or governmental practice, whether or not having the force of law, be prohibited, confiscated, embargoed, withheld or otherwise prevented from being made before such payments have reached the intended recipient(s). Nedbank undertakes to notify me/us if any payment is so prohibited, confiscated, embargoed, withheld or otherwise prevented from being made as soon as Nedbank becomes aware thereof.

Therefore, I/we indemnify Nedbank against and hold it harmless from any loss or damage whatsoever that I/we may suffer or incur, directly or indirectly as a consequence of any of the aforesaid.

**ACCOUNTHOLDER’S DECLARATION\***

I/We hereby declare that:

* + the information furnished above is true and correct in all respects;
  + any documentation required in terms of the SARB Rulings and Regulations and presented in support of this transaction, is authentic in all respects;
  + the information relating to this transaction will be given to SARB, the South African Revenue Service, the Financial Intelligence Centre and the Financial Services Board; and
  + the content hereof is known and understood by me/us.

Please complete the box below (if one signatory) or boxes (if two signatories).

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| Signed at | |  | | | | | |  | Signed at | |  | | | | |
|  | | *(Place)* | | | | | |  |  | | *(Place)* | | | | |
| on | / | | | | / | |  |  | on | / | | | / | |  |
|  | *(Day)* | | | | *(Month)* | | *(Year)* |  |  | *(Day)* | | | *(Month)* | | *(Year)* |
| Signature | | |  | | | | |  | Signature | |  | | | | |
|  | | | *(Authorised signature)* | | | | |  |  | | *(Authorised signature)* | | | | |
| FOR AND ON BEHALF OF | | | | | |  | |  | FOR AND ON BEHALF OF | | | | |  | |
| Company name | | | |  | | | |  | Company name | | |  | | | |
|  | | | |  | | | |  |  | | |  | | | |

**I/We warrant that I am/we are duly authorised thereto (where applicable) for and on behalf of (where applicable) the beneficiary/accountholder.**

**Witnesses:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name(s) and surname |  | Signature |  |

|  |  |  |  |
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| Full name(s) and surname |  | Signature |  |

If information on this Integrated Form needs to change, please tick this box:

**APPENDIX – *Additional remitter’s details (if required)***

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| **REMITTER’S DETAILS** *(Please indicate whether you are an entity or an individual and complete the appropriate section.)* | |
| **Entity** |  |
| Entity name\* |  |

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| **Individual** |  | | | |
| First name\* |  | | Surname\* |  |
| Gender | Male | Female |  | |

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| Currency |  | Approximate amount |  |  |  |  |  |  |  |  |  | **.** |  |  |

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| Suburb |  | City |  |
| Province/State |  | Postcode/Zip |  |
| Country\* |  |  |  |

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| **REMITTER’S DETAILS** *(Please indicate whether you are an entity or an individual and complete the appropriate section.)* | |
| **Entity** |  |
| Entity name\* |  |

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| **Individual** |  | | | |
| First name\* |  | | Surname\* |  |
| Gender | Male | Female |  | |

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| Suburb |  | City |  |
| Province/State |  | Postcode/Zip |  |
| Country\* |  |  |  |

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| **REMITTER’S DETAILS** *(Please indicate whether you are an entity or an individual and complete the appropriate section.)* | |
| **Entity** |  |
| Entity name\* |  |

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| **Individual** |  | | | |
| First name\* |  | | Surname\* |  |
| Gender | Male | Female |  | |

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| Currency |  | Approximate amount |  |  |  |  |  |  |  |  |  | **.** |  |  |

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| Province/State |  | Postcode/Zip |  |
| Country\* |  |  |  |

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| **REMITTER’S DETAILS** *(Please indicate whether you are an entity or an individual and complete the appropriate section.)* | |
| **Entity** |  |
| Entity name\* |  |

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| **Individual** |  | | | | | | | | | | | | | | | |
| First name\* |  | | Surname\* | | |  | | | | | | | | | | |
| Gender | Male | Female |  | | | | | | | | | | | | | |
| Currency |  | | Approximate amount |  |  | |  |  |  |  |  |  |  | **.** |  |  |

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| Suburb |  | City |  |
| Province/State |  | Postcode/Zip |  |
| Country\* |  |  |  |

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| **REMITTER’S DETAILS** *(Please indicate whether you are an entity or an individual and complete the appropriate section.)* | |
| **Entity** |  |
| Entity name\* |  |

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| **Individual** |  | | | | | | | | | | | | | | | |
| First name\* |  | | Surname\* | | |  | | | | | | | | | | |
| Gender | Male | Female |  | | | | | | | | | | | | | |
| Currency |  | | Approximate amount |  |  | |  |  |  |  |  |  |  | **.** |  |  |

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| Address line 1 |  | Address line 2 |  |
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| Province/State |  | Postcode/Zip |  |
| Country\* |  |  |  |

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| **REMITTER’S DETAILS** *(Please indicate whether you are an entity or an individual and complete the appropriate section.)* | |
| **Entity** |  |
| Entity name\* |  |

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| **Individual** |  | | | | | | | | | | | | | | | |
| First name\* |  | | Surname\* | | |  | | | | | | | | | | |
| Gender | Male | Female |  | | | | | | | | | | | | | |
| Currency |  | | Approximate amount |  |  | |  |  |  |  |  |  |  | **.** |  |  |

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| Address line 1 |  | Address line 2 |  |
| Suburb |  | City |  |
| Province/State |  | Postcode/Zip |  |
| Country\* |  |  |  |