



**STATE BANK OF INDIA SOUTH AFRICA**  
**REGISTRATION NO: 96/18176/10 (BR.ID.CODE: 99290100)**  
**Common Monetary Area Exchange Control: Inflow / Outflow of Foreign Currency**

**APPLICATION FOR REMITTANCE OF INR: BOP FORM (for Individuals only)**

The scanned Copy of this format duly filled in and signed needs to be mailed from a/c holder's mail recorded with SBI to remittance.rsa@statebank.com for Johannesburg customers & bankingdbn1.rsa@statebank.com for Durban Customers. Mail to any other id and from any other id shall not be taken into account. Requests received up to 1.00pm 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.  
**USE CAPITAL LETTERS AND FILL IN AMOUNT IN ONE CURRENCY ONLY (1 OR 2)**

**Please transfer / remit money / funds as per the following instructions:**

**APPLICANT DETAILS:**

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

**BENEFICIARY DETAILS:**

SURNAME				FULL NAME			
FULL ADDRESS							
				CELL / TELEPHONE NO.			
PURPOSE OF REMITTANCE <i>(please tick one)</i>	Savings Transfer (404) / Gift (501) / Study (305) / Travel Allowance (304) / Others <i>(please specify)</i>						
BANK NAME				BRANCH NAME & CODE			
TO ACCOUNT NO.							
CURRENCY 2	INR	USD		IFSC CODE			
AMOUNT (in figures)				SWIFT BIC			
AMOUNT (in words)							

**Declaration of the Applicant / Client:**

- ✓ I / we, the undersigned, hereby declare that money deposited into my / our, undersigned account is beneficially owned by applicant and that neither part nor all of it is associated with illegal/criminal activity and the transaction of money does not constitute money laundering.
- ✓ I/we, the undersigned, hereby declare that I/we have made the decision to open the account and will not hold state bank of India, Johannesburg liable for any financial information and financial advice that i/we have not received.
- ✓ I/we, the undersigned, have satisfied myself/ourselves, with reference to the documents made available to me/ us by the bank, in regard to qualification, competency of and adherence to the codes of conduct by the bank's representative engaged in providing financial, intermediary and advisory services to me/ us as required under the financial advisory and intermediary services act.
- ✓ I/ we also declare that the provision contained in regulation 2(4) and 2(5) has been explained to me/us and i/we am fully aware that funds provided will only be used for the purpose, for which that was made available to me/us.
- ✓ 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 Republic of South Africa has not expired and valid as on date (please strike out if not applicable).
- ✓ I understand that the rate of conversion is valid for today only and in case of non-availability of funds in my account as on the date of sending this request, incomplete request or incorrect information may result in cancellation of request for which Bank will not be liable and Bank reserves the right to recover processing fee (R100) in such cases. I authorize State Bank of India, Johannesburg to debit my account with them for processing the request as detailed above. (Including commission and other charges).
- ✓ 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 understand that under normal circumstances the Bank shall send debit advice to my mobile No. and I undertake to intimate the Bank immediately, in phone nos.0117784514/9, in case of wrong debit to account failing which the remittance request shall be treated as authorized and the bank shall not be liable for any loss.*
- ✓ *I undertake to take all safeguards for secured use of my e-mail 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 address of the beneficiary mentioned above.*
- ✓ **I ALSO AUTHORIZE YOU TO REDUCE THE AMOUNT OF REMITTANCE, IF REQUIRED, IN ORDER TO MAINTAIN THE STIPULATED**

**MINIMUM BALANCE IN MY ACCOUNT**

Signature of the Account Holder

*(As in Bank's record)*

Date: \_\_\_\_\_

<b>For Bank's use:</b>	Date: _____
ZAR Amount: R _____	INR / FC Amount: _____
DC No. : _____	BILL No.: 326 _____ TS _____
Commission : _____	VAT : _____ Postage : _____
<b>Signature, Cell No, Address,</b>	
<b>Email verified with system</b>	Posted by: _____ Verified by: _____