



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

_____ Branch / Sub-Office / Marketing Office

REQUEST FOR EFT/RTGS

Customer Details

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

Beneficiary Details

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

1. I authorise SBI to debit my account including any applicable charges and credit the above beneficiary.
2. I understand that any payment requested on a Public Holiday, weekend or received after 14:30 will only be processed the next business day.
3. I understand, Payments may take up to 48 hours to reflect in the beneficiaries account.
4. 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.
5. 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.
6. I understand, the payment shall be processed by SBI, only after telephonic confirmation on my registered number.

Authorised Signature: - _____

Date: - _____

Johannesburg

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11 Cradock Avenue
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Lenasia

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Durban

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