CABS

A Member of the OLDMUTUAL Group

INTER ACCOUNT TRANSFER FORM

FOR OFFICE USE ONLY

Date Received _____ Time _____

From Account Number | | | | | | | | | | |

Account Name _____

Account Type (Tick Applicable) Savings ☐ Transactional ☐

Account Currency (Please tick applicable) RTGS DOLLAR ☐ USD ☐ ZAR ☐ BWP ☐ GBP ☐ EUR ☐

I.D. Details _____

Address _____

Telephone: Bus: _____ Res: _____ Cell: _____

Debit Currency (Please tick applicable) RTGS DOLLAR ☐ USD ☐ ZAR ☐ BWP ☐ GBP ☐ EUR ☐

Amount to be debited (in words): _____

_____ Amount (in figures) | | |

To Account Number | | | | | | | | | | |

Account Type (Tick Applicable) Savings ☐ Transactional ☐

Account Currency (Please tick applicable) RTGS DOLLAR ☐ USD ☐ ZAR ☐ BWP ☐ GBP ☐ EUR ☐

Account Name: _____

Payment Details: _____

Please indicate if the transaction is taxable by ticking the box ☐ IMTT Taxable

OR

Please indicate if the transaction is exempted by ticking appropriate box

☐ Marketable Securities ☐ Money Market Securities ☐ Remuneration (salaries/wages)

☐ Intra Corporate ☐ Transfer from Trust Account ☐ Pension Fund

☐ Petroleum Product ☐ Transaction to self ☐ Government Transaction ☐ Transfer from / into Nostro FCA

False information will be prosecuted by ZIMRA

Authorised Signature(s) _____ _____

Signature 1 Signature 2

Authorised Signature(s) _____ _____

Signature 3 Signature 4

Date _____

FOR OFFICE USE ONLY

Customer / Bearer on Indemnity Positively identified and Details Verified By:

_____

Name Signature

Date: _____ Time: _____

TELLER'S STAMP AND INITIALS

Payment Authorised By: _____

I/we indemnify CABS against any loss arising as a result of this transaction. I/we hereby acknowledge that CABS is not liable for errors, omissions or delays in transmission arising from circumstances beyond its control.

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