CABS
A MEMBER OF THE OLDMUTUAL GROUP

RTGS INSTRUCTION FORM

FOR OFFICE USE ONLY
Date Received _____ Time _____

Date _____

Account Number | | | | | | | | | | |

Account Name _____

Account Type (Tick Applicable) Nostro FCA ☐ RTGS Account ☐

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

I.D. Details _____

Address _____

Telephone: Bus: _____ Res: _____ Cell: _____

Amount to be debited (in words): _____

_____ Amount (in figures) | | |

Name of bank to be credited _____

Account Number _____

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
☐ Intra Corporate
☐ Petroleum Product
☐ Money Market Securities
☐ Transfer from Trust Account
☐ Transaction to self
☐ Remuneration (salaries/wages)
☐ Pension Fund
☐ Government Transcation

False information will be prosecuted by ZIMRA

PRIVACY NOTICE

CABS would like to offer you ongoing banking services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. CABS will also share your information with the other companies within the Old Mutual Group for purposes of offering you with other financial services within the Group.

We may use your information or obtain information about you for the following purposes:

- Credit searches and/or verification of personal information
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us.

These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors, update or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to our regulator, the Reserve Bank of Zimbabwe, whose contact details are:

https://www.rbz.co.zw/
Toll Free Numbers
0800 6009 - Telone landlines only
0808 6770 - Econet lines only
Or +263 242 703000
email: info@rbz.co.zw

To view our full Privacy Notice and to exercise your preferences, please visit our website on www.cabs.co.zw

Authorised Signature(s) _____ _____
Signature 1 Signature 2

Authorised Signature(s) _____ _____
Signature 3 Signature 4

FOR OFFICE USE ONLY

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

_____
Name Signature Time Received

OFFICIAL STAMP AND INITIALS

Call-back Performed By: _____
Name Signature

Date _____ Time _____

Payment Authorised By: _____
Name Signature

I/we understand that payments made via ZETTS are irrevocable and final and 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.

I/we understand that completion and submission of this form is merely an instruction provided to CABS and not a guarantee that payment will be processed.

FOR OFFICE USE ONLY

Please complete section(s) below where applicable

INDEMNITY

Name of person under indemnity _____
(Name in full)

National ID Number of person under indemnity _____

Type of identification document used _____

CALL BACK

Official who performed call back: _____
(Name in full)

Account signatory who confirmed transaction: _____
(Name in full)

Date & Time of call back: _____

Telephone number called to confirm the transaction: _____