Outward/Cross border/International Payment Request



For any assistance please call the Nedbank Contact Centre on +264 81 959 2222.								Ban	k us	e on	ly .	TRN																				
1. Applicant (Sender) Detail	s																															
																		Date (ddm			atio	n					2	0				
Name and surname of Individual or Name of Entity line 1																			, iyyy	<i>,</i>												
line 2																																
Physical address of Individual or Entity line 1																																
Suburb															City																	
Country																	Г	ax N	umb	er [
Gender		Ma	le			Fen	nale									Re	eside	ential	stat	us		Res	siden	lent				Non-resident				
ID/Temporary permit/Passport number																			D	ate o (ddn	of bir											
Country where passport was issued																																
Company registration number																		N	T umb	ax er (
Sender's contact person																																
First name																																
Surname																			onta umb													
Email address																																
Payment information																																
Nedbank account number																		F	orei	gn C	urre	ncy	Sel	ect								
Foreign amount] .			Pay	mer	t val (dd	ue d	ate yyy)					2	0				
OR NAD amount														•									ivalent of a NAD amount is to be paid, provide the the foreign currency to be used for the payment)									
Amount in words line 1																																
Amount in words line 2																																
			ain Fl r beh	EC rat alf	e on			fore converting					FEC	alrea ked		F num	EC ber															
Bank of Namibia (BON) authority number (<i>if applicable</i>)]				Da	ate a	uthc	rity ((dd	gran mmy	ted yyy)					2	0				
2. Beneficiary (Receiver) De	etail	s																														
Name and surname of Individual or Name of Entity line 1																																
line 2																																
Physical address of Individual or Entity line 1																																
Suburb															City																	
Country																																
Beneficiary Bank																																
Account number / International bank account number (IBAN)																																
Name of bank																																
Name of branch																																
Physical address																																
Country																		SW addr														
Clearing code type						(Cleai c	ring ode																								

Is there an intermediary/correspondent bank for the beneficiary bank (optional for routing payment to beneficiary bank)?

Yes	No	lf yes, n	ame	of ba	nk																													
																						/IFT ress												
Reason for p (eg. INV no.)	ayment																				uuu	1033								_				
All local ar beneficiar	nd oversea ry (BEN)	as charges	to be	born	e by	/							charg er (OU						al cha rseas)								
Please comp	olete the a	account	to be	deb	ited	l de	tails	if 'O	UR'	or 'S	HA' i	s ap	oplica	abl	e.		A	ссо	unt t	o be	deb	ited												
Bank-to-banl	k informa	ation <mark>(Ba</mark>	nk us	e on	ly)																													
3. Balance	e of Pay	/ment (l	BoP)	Re	por	rtin	g Ca	ate	gor	ies –	Ou	twa	ard F	Pa	yment	s No	otes																	
Specify the r	elevant E	BoP cate	gorie	s an	d ac	dit	ional	mai	nda	tory i	nfor	mat	tion f	or	this tra	nsac	tion.																	
Country of or which goods ar			.)																															
BoP category	y code			Sele	ct				Ar	noun	t] .		
CCN (TIN) ¹														IN	V/MRN	2																		
Transport do	oc numbe	r ³																																
Assessment	number																																	
Loan ref num													Origin	al ref	numb	oer⁵																		
 Client customer number (CCN) is mandatory for BoP categories 100, 101, 102, 103, 104, 105, 106 and 109. INV/Movement reference number (MRN) is mandatory for BoP categories 101, 103, 105 and 106. Transport document number and vessel name is mandatory BoP categories 101, 103, 106 and 271/03. Loan reference number is mandatory for BoP categories 309 (4-7) 106, 801, 802, 803 and 804. An original reference number is mandatory BoP categories 100, 200, 300, 400, 500, 600, 700 and 800. 																																		
Import perm	nit declar	ation if "	YES',	com	ple	te t	his s	ectio	on v	vith t	he in	npo	rt pe	rm	nit detai	ls									_									
Is import per	rmit requi	ired?			Yes	5		No	С					l/w	ve conf	irm t	nat I/v	ve h	old ir	mpo	rt pe	ermit	nur	nbei	•									
Dated (ddmmyyyy)								2	()							piring dmmy						2	0										
4. Acknow	wledger	nent, Ir	Idem	nnit	y ai	nd I	Dec	lara	tio	n																								
 BANK OF NAMIBIA requires that the sender keeps the related documentary evidence of this transaction available for inspection for five years. Any quotation, indication, communication, or notification by Nedbank Namibia of the exchange rate is merely indicative, subject to change and not binding, unless by Nedbank Namibia in writing. Delays may be experience due to BANK OF NAMIBIA's procedures, settlement procedures or currency holidays. Certain payments may be prohibited, confiscated, embargoed, withheld or otherwise prevented from being made before they have reached the intended recipien – international law; the laws and regulations of other jurisdictions; and/or international or governmental practice, in which event Nedbank Namibia may notify you as soon as it becomes aware thereof. Nedbank Namibia will use any information that it may receive in relation to this transaction and any mechanism it deems appropriate to meet international legal reference. 															nt(s)I	ру:																		
You indemnify transmission a	y Nedbanl and teleco	k against ommunic	and h ation	old it erroi	har s or	rmle r del	ess fr lays,	om a misir	any l nter	oss o preta	r dan tion d	nag of ir	e that istruc	t yo tio	ou may s	suffe ailure	r or ind s to ide	cur, c entif	lirect y ber	ly or hefic	indiı iarie	ectly s.	, as i	a cor	iseq	ueno	ce of	any	of t	:he a	fore	said,		
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Signed at (place)]	(d	dmm	оі уууу						2	0		
For and beha	alf of (full o	company r	name)																															
Authorised signature of sender														uthc f ser	rised der	sigr	natur	e																
5. For Bar	nk use o	only																																
Exchange pro	ovided in	terms o	fsect	ion	Γ												of	f the	BOI	N Cu	irren	cy a	nd E	xcha	ange	es M	anu	al fc	or Ai	uthc	orise	d De	aler	s.
AD Internal a	authorisa	tion			_		-		_			Т]	[Date	~				_								-
OR BON authority number																						of a		risa mmy							2	0		
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OR BON auth Submitted by	hority nui	mber]				(da f BC	mmy)N re	yyy) eply									
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