



# HBZ BANK LIMITED

(A Subsidiary of Habib Bank AG Zurich)

**EFT Application**

Fill in BLOCK letters

Date     
day month year

The Manager

\_\_\_\_\_ Branch

South Africa

## CUSTOMER DETAILS

### ACCOUNT TO BE DEBITED

Account Number: \_\_\_\_\_

Account Title: \_\_\_\_\_

Amount: \_\_\_\_\_

Amount in words: \_\_\_\_\_

Your Reference: \_\_\_\_\_

I/We hereby request you to transfer payment as per the below instruction:

### BENEFICIARY DETAILS

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_  Universal Code

Beneficiary Reference: \_\_\_\_\_ (Maximum of 20 characters)

I/We hereby instruct HBZ Bank Limited (hereinafter referred to as “the Bank”) to execute/ transfer funds as set out above. I/We will not hold the Bank responsible for any loss, damage or liability, which may arise out of providing incorrect information by me/us or non-payment for which a payment instruction was given to the Bank. I/We indemnify the Bank in respect of any claims, losses or damages that may be initiated, either by me/us or any third party, against the Bank arising from the provision of incorrect information, non-payment or late payment in this respect.

\_\_\_\_\_  
authorised signatory(s)

\_\_\_\_\_  
authorised signatory(s)

day month year

NOTE: The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.  
In the case of multiple signatories, authorised signatories must sign as per the account mandate.