

Bank Stamp

**FOREIGN EXCHANGE FORM FOR OUTWARD PAYMENTS**

SERVICE CENTRE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Details (Sender/Remitter)**

Name of Applicant/Remitter: \_\_\_\_\_

Plot No/House No: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Telephone/Cell No: \_\_\_\_\_ Residential Status  Resident  Non Resident

Email Address(s): \_\_\_\_\_

Contact Name (if entity): \_\_\_\_\_ Tel/Cell No: \_\_\_\_\_

**Identification Document**

National ID  Passport  Driver's Licence  Other (Specify)  \_\_\_\_\_

Identification Number: \_\_\_\_\_ ID Country: \_\_\_\_\_

**Beneficiary (Recipient)** *(If the client is purchasing forex for travel, skip this part)*

Name of Beneficiary (in Block Letters): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Residential Status: Resident  Non Resident

**Beneficiary Bank Details**

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

Account No: \_\_\_\_\_ IBAN: \_\_\_\_\_

Name of Beneficiary's Bank: \_\_\_\_\_ BIC/S.W.I.F.T Code: \_\_\_\_\_

Sort Code: // \_\_\_\_\_ Branch Name: \_\_\_\_\_

Bank Physical Address: \_\_\_\_\_ Country: \_\_\_\_\_

**Intermediary Bank Details**

Name of Bank: \_\_\_\_\_ BIC/SWIFT Code: \_\_\_\_\_

**On Payment Please**

Debit  My  Our Account \_\_\_\_\_ Held at: \_\_\_\_\_

Type of foreign currency applied for: British Sterling  United States Dollars  EURO  ZAR Rand

Any other currency Please state here \_\_\_\_\_ Amount applied for \_\_\_\_\_

Country of remittance: \_\_\_\_\_ Money transfer platform \_\_\_\_\_

Payment by Cash Passport  Foreign Cash  S.W.I.F.T/TT  MoneyGram  number: \_\_\_\_\_

For Charges debit my/our account: \_\_\_\_\_

# Foreign Exchange Form for Outward Payments

## For loans between companies

Are the borrower and lender related companies?

(Parent vs Subsidiary or Affiliates):

Yes  No

## Transaction type (Purpose for externalizing funds)

Imports  School fees  Education (Upkeep Allowance)  Business travel

Holiday travel  Medical travel  Medical bills

Others  Please State here \_\_\_\_\_

## Additional information for Import payments

### Customs Details

Cost of goods: \_\_\_\_\_ Freight \_\_\_\_\_ Insurance \_\_\_\_\_

TPIN:

Form 12 No(s): \_\_\_\_\_ Invoice No: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

## Transactional Codes

Industrial classification: \_\_\_\_\_ Institutional sector: \_\_\_\_\_

Description of goods: \_\_\_\_\_

## Third Party Details (For payments on behalf of third parties)

Full Name: \_\_\_\_\_

Plot No: \_\_\_\_\_ Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone/Cell No.: \_\_\_\_\_ Residential Status  Resident  Non Resident

Email Address(s): \_\_\_\_\_

National ID  Passport  Driver's Licence  Other (Specify)  \_\_\_\_\_

Identification Number: \_\_\_\_\_

Destination (If travelling): \_\_\_\_\_

## Customer Declarations

I/we, the undersigned, hereby declare that:

- have read this document and know and understand the contents thereof;
- the information furnished above is in all respects both true and correct; and
- the documentation presented in support of this application is in all respects authentic;

I/we consent that this information can also be provided to the Malawi Revenue Authority, the Financial Intelligence Authority and other regulatory agencies.

Signature of Applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_

## For Bank Use Only

Transaction BOP Code: \_\_\_\_\_ EC NUMBER: \_\_\_\_\_

Description of BOP Code: \_\_\_\_\_

Processed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Checked By: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorised By: \_\_\_\_\_ Signature: \_\_\_\_\_

**Bank Stamp**

**Residential Status:** \*Resident is an individual who has stayed or intends to stay in Malawi for a period of over one year. Non Resident includes: (i) Individuals (foreigners or Malawians) staying in Malawi for a period of less than one year; (ii) Foreign embassies; (iii) Foreigners studying in Malawi; (iv) Foreigners seeking medical services; (v) Companies registered outside Malawi; (vi) Diplomatic or consular staff; and (vii) International organisations.