

## **INDEMNITY**

i understand that the bank, has on an exception	nai basis idiwarded the debit card/s and Fin/s to
	(Full name)(Passport number)
I hereby confirm that we have requested my de	ebit card/s and PIN to be forwarded under separate cover to me abroad.
actioned with the use of the card/s for the period	and will not hold the bank responsible or liable for any unauthorised activities of from collection until the debit card is received at delivery address
	Full delivery address).
I will notify The Standard Bank of South Africa	Limited Non Resident Centre in writing of the receipt of the debit card.
I understand that by signing this indemnity, I ac activities performed during transit period.	ccept that I have waived any claim against the bank for any fraudulent
Signed at	(Place) on the (Date).
Customer signatory	Witness
	Witness
Please Note: The witnesses required is any a	uthority from below:
Any foreign bank within a Financial Action Task Force (FATF) mem	nber country (FATF)
A Standard Bank correspondent bank, if outside FATF territories.	
A Commissioner of Oaths	
Lawyer or Notary Public,	
Justice of the Peace,	
Embassy, consulate or High Commission Office	
A member of the judiciary or senior civil servant	
For office use:	
Card Number	
Account number:	
Signatory of Consultant:	