

Global Inward Payments (Bank Purchase)

Addendum A

Third Party Details (Resident Third Party involved in the transaction)

For client to complete

	Third Party No. _____	Third Party No. _____
	CCY <input type="text"/> Amount <input type="text"/>	CCY <input type="text"/> Amount <input type="text"/>
Full Name and Surname <i>(If an individual)</i>	<input type="text"/>	<input type="text"/>
Legal Registered Entity Name	<input type="text"/>	<input type="text"/>
Registration No. <i>(If Entity)</i>	<input type="text"/>	<input type="text"/>
Date of Birth <i>(If Individual)</i>	<input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	<input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Gender <i>(If Individual)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
Province	<input type="text"/>	<input type="text"/>
Postal Code	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
Province	<input type="text"/>	<input type="text"/>
Postal Code	<input type="text"/>	<input type="text"/>
ID No. <i>(If Individual)</i>	<input type="text"/>	<input type="text"/>
Temp Resident Permit No. <i>(If Individual)</i>	<input type="text"/>	<input type="text"/>
Passport No. <i>(If Individual)</i>	<input type="text"/>	<input type="text"/>
Passport Country <i>(If Individual)</i>	<input type="text"/>	<input type="text"/>
Contact Name <i>(Full Name and Surname)</i>	<input type="text"/>	<input type="text"/>
Tel. No.	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Fax No.	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Tax No. ¹	<input type="text"/>	<input type="text"/>
VAT No. ² <i>(If entity)</i>	<input type="text"/>	<input type="text"/>
Customs Client No. ³	<input type="text"/>	<input type="text"/>

1. Applicable to cat codes: 511/01 to 511/07, 512/01 to 512/07, 513, 101/01 to 101/10, 103/01 to 103/10, 105, 106
 2. Applicable to cat codes: 101/01 to 101/10, 103/01 to 103/10, 105, 106
 3. Applicable to cat codes: 101/01 to 101/10, 103/01 to 103/10, 105, 106

Signatories to initial here