

Attention: CIB Operations/Interbank Processing Recalls Department

Fax: 011 631 0377

email: tpsbureauservicesrecalls@standardbank.co.za

Date (YYYY-MM-DD)		
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Recall instruction	
Please note that no recall older than 40 days is permitted.	
User ID/company code	
Client name	
Company account number	
Client ID number/registration number	
Contact name	
Contact telephone number	
Charges account number	
Beneficiary details	
I/We request that the following transaction(s) be recalled.	
Account number	
Branch code	
Amount	
Date of payment (YYYY-MM-DD)	
Name of beneficiary (if known)	
Reason for recall	
Waiver and indemnity	
I/We the undersigned acknowledge, understand and agree that:	
 successful recall is not guaranteed under this arrangement; Standard Bank will take reasonable action to recall the transaction specified above, but will not be liable for any errors or delays as a result thereof; the beneficiary(ies) affected by the transaction(s) have to consent to the recall of the transactions as contemplated above and may refuse to grant debit authority to Standard bank for the recall of the funds. If the beneficiary(ies) refuses to give Standard Bank debit authority, Standard Bank cannot proceed with the recall. if the beneficiary account is held with another bank, Standard Bank will rely on the other bank(s) to facilitate the recall and Standard Bank will not be held responsible for any errors, delays or failures in that regard. 	
I/We indemnify and hold Standard Bank harmless against any actions, claims, costs, losses, harm or demands of whatsoever nature that any third party (including, without limitation, a beneficiary or third party account holder) may bring against Standard Bank arising from or in connection with the recall request.	
Standard Bank endeavours to respond to queries and recall requests within 48 (forty-eight) hours during business days if the beneficiary account is held with Standard Bank. If the beneficiary account is held in with another bank, it may take 3 (three) to 5 (five) business days.	
*Recall charges apply.	
Name	
Date (YYYY-MM-DD) Deciration	
Designation	
Signature	