

## CLIENT FUNDS WITHDRAWAL REQUEST

By debiting my/our account number (Mandatory field):

Saxo account ID: 12563713

Account name (Mandatory field):

SSAS BristolPad Pension Scheme



I/We hereby authorise Saxo Capital Markets UK limited to execute the following transfer on my / our behalf:

Pay to:	
Bank name:	Metro Bank
Bank address:	One Southampton Row London, WC1B 5HA
SWIFT ID (BIC): Account Number: 44564769 SWIFT: MYMBGB2L	Clearing Code (Sort Code, BLZ, ABA...etc): Sort Code: 23-05-80
Branch name (or City):	London
Amount: (If full amount, please tick box to close the account) <input type="checkbox"/>	Currency: GBP

Intermediary bank if applicable:	In Favor of (if applicable):
Intermediary bank if applicable:	
Account no. (or IBAN if available)	Clearing Code (Sort Code, BLZ, ABA...etc):

For further Credit to:	
Ultimate Beneficiary Name: BristolPad Pension Scheme	Account no: 44564769
Additional Info (Information to the Beneficiary Bank about the reason of transfer or the relevant info): Saxo Withdrawal	

Authorised Signatory:	
Authorised Signatory: Ian Day	Date: 05/05/2023
Authorised Signatory (if more than one):	Date: 05/05/2023

Esther Salmon on behalf of Cranfords Trustees Ltd

Please note that the ultimate beneficiary must be the same as the client

Please sign this request and email it to [PaymentServices@saxobank.com](mailto:PaymentServices@saxobank.com) or fax it to +44 (0) 207 151 2001