

CLIENT FUNDS WITHDRAWAL REQUEST

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

Saxo account ID: 12563713

Account name (Mandatory field):

SSAS BristolPad Pension Scheme

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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)

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Currency:

GBP £40,000.00

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

INM Day

Date: 11/04/2024

Authorised Signatory (if more than one):

Esther Salmon on behalf of Cranfords Trustees Ltd

es

Date: 11/04/2024

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

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

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