Outward Payment Instruction

(Faster Payments & CHAPs)



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Store	One Southampton Row	

1. Cu	stomer de	tails	1											
Customer Name	C and	A Pensi	on Sch	eme		Account Number	1	6	3	9	8	1	3	6
2. Pa	yment det	ails												
CHAP	Payment (No	CHAPs C				£100K. Paymel								APs
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3. Be	neficiary l	nformatic	n									omaye.		
Beneficiary	Name	Pensic	n Pract	titioner .0	Cor	m								
Beneficiary Beneficiary Number		2 0 7 3	7 4 6 9	6 3 8 9	4	7								
Payment Re		Annua	l Admin				#55							
4. Cus	stomer Siç	jnature												
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Date: 14	JAN	UAR	Y 20	16		Date: 14'	JAN	VAR	Ч	20	16			and the second

OR INTER	NAL	USE O	NLY-	ID &	V Cor	ıfirmed —	d		(Passpo	ort or E	riving	Licer	ice Nu	ımber)	
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