

TEMP 051

Your request to make a

CHAPS transfer

Corporate customers only



1 DETAILS OF THE CHAPS TRANSFER

ALL REQUESTS RECEIVED BY 3PM WILL NORMALLY BE MADE ON THE SAME BUSINESS DAY. TO AVOID DELAYS, PLEASE COMPLETE WITH CARE USING CAPITAL LETTERS.

Date to be processed

19122017

Amount in figures

7,356.81

Amount in words (to include pounds and pence)

SEVEN THOUSAND, THREE HUNDRED AND FIFTY SIX POUNDS & EIGHTY ONE PENCE

Sending (remitter) sort code

122026

Sending (remitter) account number

10048767

This must be the same sort code as sending account number.

Account number to be charged (if different)

Sending (remitter) name (maximum 140 characters)

CN PENSION FUND

Payment details (if any maximum 140 characters)

Receiving (beneficiary) sort code

201367

Receiving (beneficiary) bank and branch

BARCLAYS BANK, BRISTOL

Receiving (beneficiary) customer account number

80781991

Receiving (beneficiary) customer name (maximum 140 characters)

MRS C M JOHNSON

Payment reference (if known)

TAX FREE CASH

2 YOUR CONFIRMATION (terms and conditions set out overleaf)

You are hereby authorised to effect these instructions, either by transmission through the Clearing House Automated Payment System or by such other method as you may in your sole discretion decide.

I/We agree that no responsibility is to attach to you for any loss caused by delays, interruptions or errors in transmission of payment, which are not directly due to the negligence or default of your own officers or servants.

Please debit the payment from my/our account number detailed in Section 1.

Neither this instruction for a CHAPS transfer nor your acceptance of it shall be enforceable by the payee or any other third party.

In order to make this payment, personal information relating to individuals named in this form may be processed for the purposes of:

- (a) complying with the applicable laws, including without limitation anti-money laundering and anti-terrorism laws and regulations, and
- (b) fighting crime and terrorism,

and disclosed to any government entity, regulatory authority or to any other person we reasonably think necessary for those purposes. This may mean that personal information will be transferred outside of the European Economic Area to countries which do not provide the same level of data protection as the jurisdiction in which your account is held, namely UK, Channel Islands or Isle of Man.

Your name(s) or the name of your business

CATHERINE JOHNSON & NICHOLAS JOHNSON

Your daytime telephone number is required in case of query

0117 967 2344

Signature

Signature

Signature

Date

Date

Date

3 CODE AUTHENTICATOR USERS ONLY (CORPORATE CUSTOMERS ONLY)

User name

Authentication code

Date generated

BANK USE ONLY - branch/accepting site use only

Branch/Accepting site name

Sort code

Contact name

Contact numbers and area dialling codes

Phone

Fax

Relationship Manager authority for payment to be made

(only required where insufficient cleared balance and/or where signed application not held)

Date

Callback made (if personal customer not present)

Staff member name

Code Authenticator User Name (file number and user level)

Date Code Authenticator generated

Code Authenticator - code

By faxing this form for processing, you are confirming all checks have been made (listed overleaf)

Processing site use only

Authentication code validation

Input by (initials)

Payment reference number

Authorised by (initials)