

Outward Payment Instruction (Faster Payment & CHAPs)**1. CUSTOMER DETAILS**Customer/
Business Name **CARLTON JAMES RETIREMENT FUND**Account Number **15575131****2. PAYMENT DETAILS**

Payment Type (All payments over the faster payments limit will be sent as a CHAPs)

☐ Faster Payment (Personal, no fee. Business, tariff dependent) ☒ CHAPs (Personal £25.00. Business tariff dependent)

Date to be actioned

Amount
(GBP) **£ 101,280.00**Amount in
Words **One Hundred and One Thousand Two Hundred and Eighty Pounds only.****3. EXISTING BENEFICIARY** ☐Beneficiary
NameMetro Bank
Beneficiary Ref.**B E N****4. NEW BENEFICIARY** ☐Beneficiary
Name **Infinox Capital Limited Client Trust Account**Beneficiary
Sort Code**2 0 - 0 0 - 0 0**

Beneficiary Account Number

2 3 3 4 9 8 0 2Payment Reference
(if applicable)**CJRF - H.Jodrell****5. SECURITY CALL BACK**


We may need to call to confirm the validity of the payment instruction. Please detail below the authorised signatories from the bank mandate you would like us to call.

Full Name

Full Name

Please note if the account is two to sign we will need to speak with two of the authorised signatories.

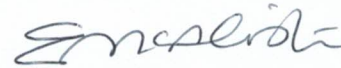
OPEN 7 DAYSMonday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • [MetroBank_Help](#)

Outward Payment Instruction (Faster Payment & CHAPs) (continued)**6. CUSTOMER SIGNATURE****Primary Applicant**

Name

Robert Holmes

Date 15/09/2017

Secondary Applicant

Name

EMILY MCAUSLOR

Date 15/09/2017

FOR INTERNAL USE ONLY

- ☐ ID&V confirmed (refer to ID&V Matrix)
☐ Request fully input to T24

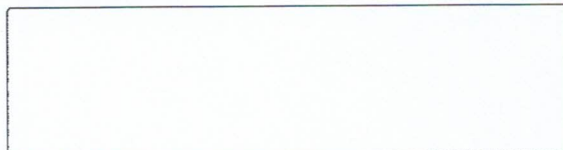
If applicable:

- ☐ HVT completed and attached
☐ Payment authorised or referred to CPU

Inputter Signature

Name

Date

Manager Signature

Name

Date

OPEN 7 DAYS

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pg 2