

International Payment Instruction

Store					
1. CUSTOMER DETAILS					
Custo					
Custo	omer number	Account number			
2. PAYMENT DETAILS					
Date	to be actioned	Amount in figures Currency (to be sent in)			
Amount in words					
3. BENEFICIARY DETAILS					
Bene	ficiary Name				
Bene	ficiary Address				
Beneficiary Accoun Number or IBAN*					
Payment Reference		*IBAN is required for ALL Euro payments			
Fayii	lent neierence				
4. BENEFICIARY BANK DETAILS					
Bene Name	ficiary Bank e				
Bene Addre	ficiary Bank ess				
SWIF	Beneficiary Bank SWIFT Code or ABA Routing Number				
5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)					
	Intermediary Bank Name				
Intern Addre	mediary Bank ess				
SWIF	mediary Bank T Code or Routing Number				



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(continued)

6. CHARGES					
I/We pay Metro Bank charges only Beneficiary to pay all charges I/We pay all charges					
I/We would like the charges debited from a separate account. Please charge the following account:					
7. CUSTOMER SIGNATURE					
Please note: All international payment in currencies other than GBP/EUR/USD are at indicative rates on the day and are therefore subject to change accordingly.					
Primary Applicant:		Secondary Applicant:			
Date		Date			
FOR INTERNAL USE ONLY					
ID&V confirmed	(refer to ID&V Matrix)	If applicable:			
Staff Signature	(total to the total matrix)	HVT completed and attached Payment authorised or refered to CPL			
Stan Signature		Manager Signature			
Name					
Date		Name			
		Date			
Date received		Exchange Rate			
Time received		GBP Equivalent			
		Charges			