

## **International Payment Instruction**

Store One Southampton Row					
1. CUSTOME	ER DETAILS				
Customer name	DAI (UK) PENSION SCHEME				
Customer number	Account number 2 1 1 0 5 5 8 9				
2. PAYMENT DETAILS					
Date to be actioned	Currency Currency				
Date to be actioned	(ID DE SEIN III)				
Amount in words	One Million Six Hundred and FifteenThousand and One Hundred and Sixty Two EURO's only				
3. BENEFICIARY DETAILS					
Beneficiary Name	GCEN				
Beneficiary Address					
Beneficiary Account Number or IBAN*	GB33ABBY09071500035724				
	*IBAN is required for ALL Euro payments				
Payment Reference	5451-101				
4. BENEFICIARY BANK DETAILS					
Beneficiary Bank Name	Santander UK Plc				
Beneficiary Bank Address	London				
Beneficiary Bank SWIFT Code or ABA Routing Number	A B B Y G B 2 L X X X				
5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)					
Intermediary Bank Name					
Intermediary Bank Address					
Intermediary Bank SWIFT Code or ABA Routing Number					



## **International Payment Instruction**

(continued)

6. CHARGI	ES			
H	tro Bank charges only Beneficiary ke the charges debited from a separate acc	to pay all charges I/We pay all count. Please charge the following acco		
7. CUSTON	MER SIGNATURE			
Please note: All int	ernational payment in currencies other than	GBP/EUR/USD are at indicative rates	on the day and are therefore subject to change accordingly	
Primary Applicant:	8	Secondary Applican		
Date	16/01/2019	Date	Emerce 52	
FOR INTERNAL USE ONLY  ID&V confirmed (refer to ID&V Matrix)  Staff Signature		If applicable:  HVT complete  Manager Signature	HVT completed and attached Payment authorised or refered to 0	
Name				
Date		Name		
		Date		
Date received		Exchange Rate		
Time received		GBP Equivalent		
		Charges		