

International Payment Instruction

Store One Southampton Row			
1. CUSTOM	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	31/01/2019 Amount in figures 440,000 Currency (to be sent in) Euro		
Amount in words	Four Hundred and Forty Thousand EURO's only		
3. BENEFICI	ARY DETAILS		
Beneficiary Name	GCEN		
Beneficiary Address			
Beneficiary Account	CD224PDV00074500005704		
Number or IBAN*	GB33ABBY09071500035724 *IBAN is required for ALL Euro payments		
Payment Reference	5451-101		
4. BENEFICI	ARY 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			



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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:	
		Emrona Date 01/2/2019	
Date	24/04/2040		
Daio	31/01/2019	Date 01/02/2019	
Marie Control of the			
FOR INTERNAL USE ONLY			
ID&V confirmed	(refer to IDRN/ Matrix)	If applicable:	
ID&V confirmed (refer to ID&V Matrix)		HVT completed and attached Payment authorised or refered to CPU	
Staff Signature			
		Manager Signature	
	- And the second of the second		
Name			
Date		Name	
		Date	
Date received		Exchange Rate	
Time received		GBP Equivalent	
		Charges	