

International Payment Instruction

Store

1. CUSTOMER DETAILS

Customer name

Customer number

Account number

2. PAYMENT DETAILS

Date to be actioned

Currency
(to be sent in)

Amount in words

3. BENEFICIARY DETAILS

Beneficiary Name

Beneficiary Address

Beneficiary Account
Number or IBAN*

*IBAN is required for ALL Euro payments

Payment Reference

4. BENEFICIARY BANK DETAILS

Beneficiary Bank
Name

Beneficiary Bank
Address

Beneficiary Bank
SWIFT Code or
ABA Routing Number

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)

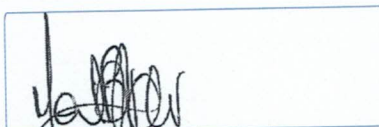
6. CHARGES

<input type="checkbox"/> I/We pay Metro Bank charges only	<input type="checkbox"/> Beneficiary to pay all charges	<input checked="" type="checkbox"/> I/We pay all charges
<input type="checkbox"/> I/We would like the charges debited from a separate account. Please charge the following account: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

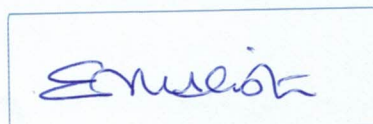
7. CUSTOMER SIGNATURE

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

12/12/2017

Date

12/12/17

FOR INTERNAL USE ONLY☐ ID&V confirmed (refer to ID&V Matrix)

Staff Signature



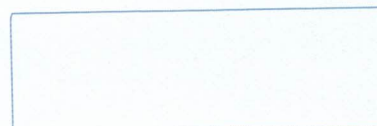
Name

Date

If applicable:

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

Manager Signature



Name

Date

Date received

Exchange Rate

Time received

GBP Equivalent

Charges