

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **Elomar SSAS**

Debit Account
Number **50488748**

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)

Payment Date **19.02.2025**

Amount **£ 50,000**

Amount in
Words **Fifty thousand pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name **BullionVault Client AC**

Account Type ☐ Personal Account ☒ Business Account

Beneficiary
Sort Code **3 0 - 8 0 - 1 2**

Beneficiary Account Number **1 2 1 7 1 4 6 0**

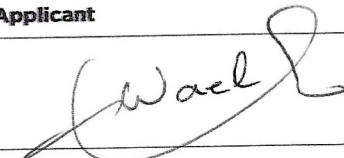
Payment Reference
(if applicable) **INV WAELELOMAR1**

Payment Reference

Confirmation of Payee
Outcome Understood
(internal use only) ☐ Match ☐ Close Match ☐ No Match ☐ Not Checked

5. CUSTOMER SIGNATURE

Primary Applicant



Name

Wael El-Omar

Date **19.02.2025**

Secondary Applicant



Name

Veronica Walkman

Date **19.02.2025**