International Payment Instruction

METRO BANK

Store | One Southampton Row

1. CUSTOMER DETAILS

Customer name	Hydon & Grim Limited Pension Scheme
Customer number	

Account number 1 7 5 2 4 9 3 3

2. PAYMENT DETAILS

Date to be actioned	21/06/2017	Amount in figures	55,000	Currency (to be sent in)	GBP
Amount in words	Fifty FiveThousand Pounds Only				

3. BENEFICIARY DETAILS

Beneficiary Name	MAPLESFS LIMITED
Beneficiary Address	250 Park Avenue, 7th Floor, New York, NY 10177, USA
Beneficiary Account Number or IBAN*	803-3830-956

*IBAN is required for **ALL** Euro payments

Payment Reference	Carlton James Commercial Real Estate Ltd Account # 714134

4. BENEFICIARY BANK DETAILS

Beneficiary Bank Name	BANK OF NEW YORK MELLON
Beneficiary Bank Address	ONE WALL STREET, NEW YORK, NY10286
Beneficiary Bank SWIFT Code or ABA Routing Number	I R V T U S 3 N X X X

5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)

Intermediary Bank Name	BANK OF NEW YORK MELLON
Intermediary Bank Address	LONDON, ENGLAND
Intermediary Bank SWIFT Code or ABA Routing Number	I R V T G B 2 X X X X

Metro Bank PLC is registered in England and Wales, company number: 6419578. Registered office: One Southampton Row, London, WC1B 5HA.

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: | *(signature)* | Secondary Applicant: | |
| Date | 21/06/2017 | Date | |

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 refered to CPU

Manager Signature

Name

Date

Date received		Exchange Rate
Time received		GBP Equivalent
		Charges