

International Payment Instruction

Store One Southampton Row		ampton Row		
1,	CUSTOM	ER DETAILS		
Cus	tomer name	Hydon & Grim Limited Pension Scheme		
Customer number		Account number 1 7 5 2 4 9 3 3		
2. PAYMENT DETAILS				
Date	e to be actioned	21/06/2017 Amount in figures 47,000 Currency (to be sent in) GBP		
Amount in words		Forty SevenThousand Pounds Only		
3. BENEFICIARY DETAILS				
Ben	eficiary Name	MAPLESFS LIMITED		
Beneficiary Address		250 Park Avenue, 7th Floor, New York, NY 10177, USA		
	neficiary Account mber or IBAN*	803-3830-956		
		*IBAN is required for ALL Euro payments		
Payı	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		
SWI	Beneficiary Bank SWIFT Code or ABA Routing Number			
5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)				
Inter Nam	mediary Bank BANK OF NEW YORK MELLON			
	ermediary Bank dress LONDON, ENGLAND			
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	P/EUR/USD are at indicative rates on the day and are therefore subject to change accordingly.		
Primary Applicant:	Secondary Applicant:		
Date 21/06/2017	Date 21/6/17		
FOR INTERNAL USE ONLY			
ID&V confirmed (refer to ID&V Matrix)	If applicable:		
Staff Signature	HVT completed and attached Payment authorised or refered to CPU		
	Manager Signature		
Name			
	Name		
Date	Date		
Date received .	Exchange Rate		
Time received	GBP Equivalent		
	Charges		