Outward Payment Instruction

(Faster Payments & CHAPs)



Store	One	Southampton	Row
	0110	Coddianiplon	1 10 44

Signature:

Date:

1. Cu	ıstomer d	etails							(74)		
Customer Name	IPM Fa	acilities RBS	Account Number	1	5	0	7	8	8	8	7
2. Payment details											
CHAF Accou	er Payment (No Ps (£17.50 Fee unt To Accoun BP)	9 2 5 0 0 hundred and twenty five	Date To Process	his tim	1800						APs 6
		Information									
Beneficiary Name Pension Practitioner .Com Beneficiary Sort Code 2 0 7 4 6 3 Beneficiary Account Number 7 3 6 9 8 9 4 7 Payment Reference (if applicable) Annual Admin											
Authorised B-P	r Pe	gnature	Authorised Signa Date: 30	ature	ARI	CH		201	<i>i</i> 6		
Cu	ustomer noto	NLY - ID & V Confirmed Customer Signature 4Tress	ID (Passp		Driving	g Licer	nce Nu	umber)			

301 OF 1.1 (05/12/11)

Signature:

Date: