

Outward Payment Instruction (Faster Payment & CHAPs)

| 1.CUSTOM | MERDETAILS | | |
|---|---|--|--|
| Customer/ Business Name | Jenspot SSAS | | |
| Debit Account Number | 44280132 | | |
| 2. PAYMENTDETAILS | | | |
| 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 | 15.12.22 | | |
| Amount | £100,000 | | |
| Amount in Words | One hundred thousand pounds | | |
| 3. EXISTING BENEFICIARY | | | |
| Beneficiary Name | | | |
| Metro Bank Beneficiary Ref. | | | |
| 4. NEWBENEFICIARY | | | |
| Beneficiary Name | | | |
| Beneficiary Sort Code | 2 0 4 6 - 7 6 Beneficiary Account 3 3 2 3 6 9 8 6 | | |
| Payment Reference (if applicable) Jenspot | | | |
| 5. CUSTOMERSIGNATURE | | | |
| Primary Applica | | | |
| J. Lynd | | | |
| Name Name | | | |
| JENK | WIFER LYMCH. | | |
| Date 15/10/22 Date | | | |

OPEN 7 DAYS

Monday - Friday: 8am - 8pm → Saturday: 8am - 6pm → Sunday: 11am - 5pm
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Outward Payment Instruction (Faster Payment & CHAPs) (continued)

| 6. SECURITY CALL BACK | | | |
|---|--|--|--|
| We may need to call to confirm the validity of the pay to call. | ment instruction. Please detail below the authorised signatories from the bank mandate you would like us | | |
| Full Name JENNIFER L | JENDIFER LYNCH | | |
| Full Name | | | |
| Please note if the account is two to sign we will need | to speak with two of the authorised signatories. | | |
| FORINTERNALUSEONLY | | | |
| IDDV | If HVT completed and attached | | |
| ID&V confirmed (refer to ID&V Matrix) Request fully input to T24 | Payment authorised or refered to | | |
| Inputter Signature | Manager Signature | | |
| | | | |
| | | | |
| | | | |
| Name | Name | | |
| | | | |
| Date | Date | | |