Outward Payment Instruction

(Faster Payments & CHAPs)

Input By: Signature:

Date:



Store	One Southampton Row															
1. Gu	stomer de	etails														
Customer Name	John A D	obbins Ltd	d Self A	Adminis	tered S	Schem	ne	Account Number	1	6	1	2	3	6	5	7
2. Pa	yment del	tails														
CHAF	pe r Payment (No Ps (£17.50 Fee ant To Accoun	CHAPs					s rece	ived after t	his tim	ie will		00255	ed Ne			APs
Amount (GE	(P)		1,2	8	0 0	0	Dal	e To Proces	s 0	8	1	1	2	0	1	
One thousand two hundred and eighty thousand pounds															***********	
3. Be	neficiary	Informati	on							2001						
Beneficiary	Name	Pensi	on P	ractit	ioner	·.Co	m								***************************************	
Beneficiary Sort Code		2 0	4	5	4 5		***************************************									
Beneficiary Account Number		2 3	7	8 -	4 6	0	6									
Payment Reference (if applicable)		Inv.48	353							***************************************			*************			
4. Cu	stomer Si	gnature														
Authorised !	Signature						Autho	orised Signa	ature							
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Date:	-d			<u> </u>			Doto	08/				anni anna anna anna anna anna anna anna	umumuma	inamanian.		nantonama)
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FOR INTER	NAL USE OF	VLY - ID & 1	' Confir	med				(Pass	port or	Driving	Licen	ice Nu	imber)			
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Input By					***************************************		Δ	uthorised B	v							

301 OF 1.1 (05/12/11)

Signature:

Date: