Your request to make a

₩ BANK OF SCOTLAND

CHAPS transfer

Corporate customers only

| 1 DETAILS OF THE CHAPS TRANSFER | |
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| | |
| ALL REQUESTS RECEIVED BY 3PM WILL NORMALLY BE MADE ON THE SAME BUSINES | S DAY. TO AVOID DELAYS, PLEASE COMPLETE WITH CARE USING CAPITAL LETTERS. |
| Date to be processed | Payment details (if any maximum 140 characters) |
| 02052017 | |
| Amount in figures | |
| 400,000.00 | |
| | Receiving (beneficiary) sort code |
| Amount in words (to include pounds and pence) | 405163 |
| FOUR HUNDRED | 403162 |
| THOUSAND POUNDS | Receiving (beneficiary) bank and branch |
| Sending (remitter) sort code Sending (remitter) account number | |
| 122026 10048863 | Receiving (beneficiary) customer account number |
| | 23122190 |
| This must be the same sort code as Account number to be charged (if different) | 552500 |
| sending account number | Receiving (beneficiary) customer name (maximum 140 characters) |
| Sending (remitter) name (maximum 140 characters) | MYA |
| JOHN RYAN | |
| PENSION SCHEME | |
| A STATE OF THE STA | *constructed and substitute in the construction of the constructio |
| Payment reference (if known) | |
| LOAN | |
| | |
| 2 YOUR CONFIRMATION (terms and conditions set out overleaf) | In order to make this payment, personal information relating to individuals named in this form |
| You are hereby authorised to effect these instructions, either by transmission through the Clearing House Automated Payment System or by such other method as you may in your sole | may be processed for the purposes of: |
| discretion decide. | (a) complying with the applicable laws, including without limitation anti-money laundering and anti-terrorism laws and regulations, and |
| I/We agree that no responsibility is to attach to you for any loss caused by delays, interruptions or errors in transmission of payment, which are not directly due to the | (b) fighting crime and terrorism; |
| negligence or default of your own officers or servants. | and disclosed to any government entity, regulatory authority or to any other person we |
| Please debit the payment from my/our account number detailed in Section 1. Neither this instruction for a CHAPS transfer nor your acceptance of it shall be enforceable by | reasonably think necessary for those purposes. This may mean that personal information will |
| the payee or any other third party. | same level of data protection as the jurisdiction in which your account is held, namely UK, Channel Islands or Isle of Man. |
| | |
| Your name(s) or the name of your business | Your daytime telephone number is required in case of query |
| JOHN RYAN | |
| Ciamaterra | Signature |
| Signature Signature | CONTRACTOR OF A CONTRACTOR OF |
| | |
| | 1 1 |
| Date | Day |
| Date | Date |
| Date | |
| 3 CODE AUTHENTICATOR USERS ONLY (CORPORATE CUSTOME | RS ONLY) |
| Date | RS ONLY) Authentication code Date generated |
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| 3 CODE AUTHENTICATOR USERS ONLY (CORPORATE CUSTOME User name | RS ONLY) Authentication code Date generated Date generated M M Y Y |
| 3 CODE AUTHENTICATOR USERS ONLY (CORPORATE CUSTOME User name BANK USE ONLY - branch/accepting site use only | RS ONLY) Authentication code Date generated Date M. M. V. Y. |
| 3 CODE AUTHENTICATOR USERS ONLY (CORPORATE CUSTOME User name | RS ONLY) Authentication code Date generated Date generated M M Y Y |
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| 3 CODE AUTHENTICATOR USERS ONLY (CORPORATE CUSTOME User name BANK USE ONLY - branch/accepting site use only Branch/Accepting site name Contact name Contact name Contact numbers and area dialling codes | RS ONLY) Authentication code Date generated MM M Y Y Relationship Manager authority for payment to be made (only required where insufficient cleared balance and/or where signed application not held) Date Callback made |
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| 3 CODE AUTHENTICATOR USERS ONLY (CORPORATE CUSTOME User name BANK USE ONLY - branch/accepting site use only Branch/Accepting site name Contact name Contact name Contact numbers and area dialling codes Phone Fax | RS ONLY) Authentication code Date generated Date generated Date generated Date generated M M Y Y Relationship Manager authority for payment to be made (only required where insufficient cleared balance and/or where signed application not held) Date Callback made (if personal customer not present) |
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Terms and conditions

- These instructions are made in respect of your account specified in Section 1, whose terms and conditions shall apply to this CHAPS transfer. Capitalised terms defined in the said terms and conditions shall have the same meanings in this form unless otherwise defined
- If this form is received by us after either 3pm on a Business Day or on a non-Business Day, it shall be deemed to have been received by us on the following Business Day.

- If you request cancellation or amendment of these instructions, we will amend or cancel the CHAPS transfer provided that such request is received by us no later than 3pm on the Business Day preceding the agreed date for payment to be made.
- If we refuse to execute a CHAPS transfer we will inform you (unless provision of such information would compromise reasonable security measures or would otherwise be unlawful) within the designated maximum execution time for a payment transaction of this type and give our reasons for doing so and the procedure for rectifying any factual errors that lod to the refusal. We will make the CHAPS transfer within the designated maximum execution time for a payment transaction of this type after the reasons for stopping it cease to exist.
- We may refuse to execute a CHAPS transfer on reasonable grounds relating to, amongst other things:
 - security;
 - suspected unauthor sed or fraudulent use; or
 - in the case of a CHAPS transfer with a credit line, a significantly increased risk that you may be unable to fulfil your liability to pay us.
- You agree to notify us without undue delay on becoming aware of any unauthorised, fraudulent or incorrect CHAPS transfer by telephoning the Payments Helpdesk on 0845 601 7764.

| BANK USE ONLY - BRANCH/ACCEPTING SITE ACTION | IS |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Before faxing ensure the following checks have been made: | |
| Application form fully complete | |
| Signature checked and signed in accordance with mandate | |
| Available cleared balance | |
| No indicators/blocks present | |
| Suspicious activity/fraud awareness | |
| * For Corporate customers no checks are required - fax immediately for proc | ressing |
| (see customer signposting). | |
| (see customer signposting). All checks made by: (signature) | ID provided and reference number (e.g. Passport number) |
| | ID provided and reference number (e.g. Passport number) |
| | ID provided and reference number (e.g. Passport number) Code Authenticator responsibilities accepted and issued by (name): |

www.bankofscotland.co.uk/corporateterms Please contact us if you would like this in Braille, large print or on audio tape.

We accept calls made through RNID Typetalik.

We may monitor or record phone calls with you in case we need to check we have carried out your instructions correctly and to help improve our quality of service.

Please remember we cannot guarantee security of messages sent by e-mail.

Bank of Scolland pic. Registered Office. The Mound, Edinburgh EH 1 1YZ, Registered in Scotland no. SC327000.

Authorised and regulated by the Financial Services Authority under registration number 169828.

We arm to provide the highest level of customers service pussible if you do expenserse a problem, we will always seek to resolve this as quickly and efficiently as possible if you would like a copy of our complaint procedures, please contact your relationship manager or any of our Corporate Banking offices. You can also find details on our website, at www.bankofscotland.com/corporate/correct