## **Outward Payment Instruction**

(Faster Payments & CHAPs)



Store	One So	uthampton Row	
1. Cu	stamer del	tails	
Customer Name	Joval Relief Services Ltd Pension Scheme		Account Number 1 6 1 5 5 7 7 2
2. Pa	yment deta	ails	
CHA	er Payment (No Ps (£17.50 Fee) unt To Account	CHAPs Cut Off Time = 3PM. Payment	= £100K. Payments of a higher value must be sent via CHAPs ts received after this time will be processed Next Day  Date To Process  0 2 1 1 2 5 1 5
Amount in Words One Thousand Five Hundred Pounds Only			
2.2	anollejan l	pformation	
3. Beneficiary Information			
Beneficiary Name		Carlton James Private & Com	mercial
Beneficiary Sort Code		6 0 2 1 4 0	
Beneficiary Account Number		5 7 8 4 7 4 0	0 1
Payment Reference (if applicable)		Preference Share setup charg	ge
4. C	ustomer Si	gnature	
Authorised Signature			Authorised Signature
gr. Gyls			B.m. Praise
Date: 31/10/2015 Date: 02 NOVEMBER 2015			
FOR INTERNAL USE ONLY - ID & V Confirmed  (Passport or Driving Licence Number)  Customer			
Photo Signature 41 ress ID			
Input By: Authorised By:			
Signature: Signature:			
Date: Date			Date:

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