

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **Kaysted Directors Pension Scheme**

Debit Account
Number **45162639**

2. PAYMENT DETAILS

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 **01.02.24**

Amount **£ 40,000**

Amount in
Words **Forty thousand pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name **PR & MJ Stedman**

Account Type ☒ Personal Account ☐ Business Account

Beneficiary
Sort Code **3 0 - 9 6 - 6 1**

Beneficiary Account Number **0 0 4 0 3 6 1 8**

Payment Reference
(if applicable) **LS - Peter Stedman**

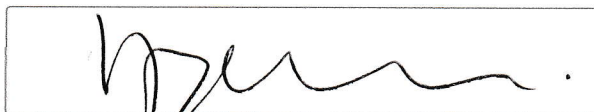
Payment Reference

Confirmation of Payee
Outcome Understood
(internal use only)

☐ Match ☐ Close Match ☐ No Match ☐ Not Checked

5. CUSTOMER SIGNATURE

Primary Applicant



Name

PETER R. STEDMAN

Date

05.02.2024

Secondary Applicant



Name

Date