## **Outward Payment Instruction**

(Faster Payments & CHAPs)



Store	One So	outh	amp	oton	Ro	W												
1. Cu	istomer de	tails																
Customer Name	LKL Tr	uste	e S	che	me	- C	ollie	r		Account Number	1	6	1	1	6	7	0	7
2. Pa	yment det	ails																
CHAF	pe r Payment (No Ps (£17.50 Fee unt To Account	) CHA	NPs Cu															APs
Amount (GE	BP)			, 3	6	0	0	0	Dat	te To Proces	0	4	0	4	2	0	1	6
Amount in Words	Thre	e hu	ındr	ed	and	six	ty p	our	nds									
3. Be	neficiary l	nforn	natio	n														501
Beneficiary	/ Name	Per	nsio	n P	ract	itio	ner	.Co	m									
Beneficiary	/ Sort Code	2	0	7	4	6	3											
Beneficiary Account Number		7	3	6	9	8	9	4	7	324								
Payment Reference (if applicable) Pro rata admin - C								re C	Grig	sby								
4. Cu	stomer Si	gnatu	ıre			100												is it is
Authorised	Signature							46	Auth	orised Signa	ature							
B.M. DOROZO Date: 04 APRIC 2016									***************************************									
Date: 0	4 /1//	ltc	- 2	01	6				Date	e: ()	+ 6	18R	11	20	216			

FOR INTERNAL USE ONLY - ID & V Confirmed										(Passpo	ort or E	Oriving	Licer	nce Ni	umber	)		
Cus	tome to	r [		Cust Signa	omer ature		530	4Tress		ID								
Input By:						7/4				Authorised By:						*		
Signature:										Signature:								
Date:		i.	Pall .	Mi	Soli	NE	7			Date:	Đ.	19	141		Y	Y	¥	Y