## **Outward Payment Instruction**

(Faster Payments & CHAPs)



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One Southampton Row

1. Customer details													
Customer Name LKL Tri	ustee Scheme - Gordon	Account Number	1	6	1	1	6	8	5	8			
2. Payment details													
Payment Type													
Three thousand pounds													
3. Beneficiary I													
Beneficiary Name	Pension Practitioner .Com												
Beneficiary Sort Code	2 0 7 4 6 3												
Beneficiary Account Number	7 3 6 9 8 9 4	7											
Payment Reference (if applicable)	Project Fee retainer												
4. Customer Sig	gnature												
Authorised Signature	AL	uthorised Signa	ture										
B.n. prince													
Date: 25 MAY 2016  Date: 25 MAY 2016													

FOR INTER	NAL I	USE C	ONLY-	ID &	V Co	nfirme -	d			(Passpo	ort or [	Oriving	Licer	nce Nu	umber	)		
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Input By:					Oversum de plants de la company	MANUFACTURE AND THE AN				Authorised By								
Signature:				-1						Signature:								
Date:		D	M	M	¥	Y	Y	Y		Date:	D	D	11.71	N.A.	Y	Y	¥	Sy'