

International Payment Instruction

Store One Southampton Row			
1. CUSTOMER DETAILS			
Customer name	MGI∤Retirement Scheme		
Customer number	Account number 1 6 1 3 2 4 3 8		
2. PAYMENT DETAILS			
Date to be actioned	15/11/2016 Amount in figures 178,500 Currency (to be sent in) GBP		
Amount in words	One Hundred & Seventy Eight Thousand Five Hundred Pounds		
3. BENEFICIARY DETAILS			
Beneficiary Name	MAPLESFS LIMITED		
Beneficiary Address	250 Park Avenue, 7th Floor, New York, NY 10177, USA		
Beneficiary Account Number or IBAN*	803 3830 956		
	*IBAN is required for ALL Euro payments		
Payment Reference	CARLTON JAMES SKYWATCH INN LTD - 714134		
4. BENEFICIARY BANK DETAILS			
Beneficiary Bank Name	BANK OF NEW YORK MELLON		
Beneficiary Bank Address	ONE WALL STREET, NEW YORK		
Beneficiary Bank SWIFT Code or ABA Routing Number	IRVTUS3NXXX		
5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)			
Intermediary Bank Name	BANK OF NEW YORK MELLON		
Intermediary Bank Address	LONDON, ENGLAND		
Intermediary Bank SWIFT Code or ABA Routing Number	I R V T G B 2 X X X X		



International Payment Instruction

(continued)

6. CHARGES	
I/We pay Metro Bank charges only Beneficiary to pay all	I charges / I/We pay all charges
I/We would like the charges debited from a separate account. Plo	ease charge the following account:
7. CUSTOMER SIGNATURE	
Please note: All international payment in currencies other than GBP/El	UR/USD are at indicative rates on the day and are therefore subject to change accordingly.
Primary Applicant:	Secondary Applicant: B.M.P.Z. Date I (ANOVEMBER 2016)
Date 14/11/2016	Date 14NOVEMBER 2016
FOR INTERNAL USE ONLY	
ID&V confirmed (refer to ID&V Matrix)	If applicable: HVT completed and attached Payment authorised or refered to CPU
Staff Signature	Manager Signature
Name	
Date	Name
	Date
Date received	Exchange Rate
Time received	GBP Equivalent
	Charges