

Outward Payment Instruction (Faster Payment & CHAPs)

Customer/ Business Name	MGI 1 Retirement Scheme		
Account Number	16132438		
2. PAYMEN	IT DETAILS		
()	Il payments over the faster payments limit will be sent as a CHAPs) ent (Personal, no fee. Business, tariff dependent) CHAPs (Personal £25.00. Business tariff dependent)		
Date to be actioned			
Amount (GBP)	220,500.00		
Amount in Words	wo Hundred and Twenty Thousand and Five Hundred Pounds only.		
3. EXISTING	G BENEFICIARY [
Beneficiary			
Name			
Name Metro Bank			
Name Metro Bank Beneficiary Ref.			
Name Metro Bank Beneficiary Ref. 4. NEW BEI Beneficiary Name	NEFICIARY		
Name Metro Bank Beneficiary Ref. 4. NEW BEI Beneficiary Name Beneficiary	NEFICIARY [INFINOX CAPITAL LIMITED CLIENT TRUST ACCOUNT [2 0 - 0 0 - 0 0] Beneficiary Account Number 2 3 3 4 9 8 0 2		
Metro Bank Beneficiary Ref. 4. NEW BEI Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)	INFINOX CAPITAL LIMITED CLIENT TRUST ACCOUNT 2 0 - 0 0 - 0 0 Beneficiary Account Number 2 3 3 4 9 8 0 2 e MGI 1 Retirement Scheme		
Metro Bank Beneficiary Ref. 4. NEW BEI Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)	NEFICIARY [INFINOX CAPITAL LIMITED CLIENT TRUST ACCOUNT [2 0 - 0 0 - 0 0] Beneficiary Account Number [2 3 3 4 9 8 0 2]		
Metro Bank Beneficiary Ref. 4. NEW BEI Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable) 5. SECURIT We may need to ca	NEFICIARY INFINOX CAPITAL LIMITED CLIENT TRUST ACCOUNT 2 0 - 0 0 - 0 0 Beneficiary Account Number 2 3 3 4 9 8 0 2 MGI 1 Retirement Scheme Y CALL BACK		

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • ⊌ MetroBank_Help

pg 1



Outward Payment Instruction (Faster Payment & CHAPs) (continued)

6. CUSTOMER SIGNATURE	
ilmary Applicant	Secondary Applicant
Nothber.	Energe
Neil Ryder	EMILY MOAUSTOR
Date 27/09/2017	Date 27(0912017
1D&V confirmed (refer to ID&V Matrix) Request fully input to T24	HVT completed and attached Payment authorised or refered to CPU Manager Signature
Inputter Signature	manager organization
Name	Narine
Date	Date

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pg 2