

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOM	ER DETAILS
Customer/ Business Name Debit Account Number	Micron Precision (Brixworth) Engineering Limited 1996 Executive Pension
	44904551
2. PAYMEN	T DETAILS
	payments over the faster payments limit will be sent as a CHAPs)
	nt (Personal, no fee. Business, tariff dependent) CHAPs (Personal £25.00. Business tariff dependent)
Payment Date	10.08.23
Amount £ 1	1,194.00
Amount in Words	one thousand one hundred and ninety four pounds
3. EXISTING	BENEFICIARY
Beneficiary Name	
Metro Bank Beneficiary Ref.	BENDO
4. NEW BEN	IEFICIARY [
Beneficiary	DNG Dove Naish LLP
Beneficiary Name	Control
Beneficiary Name Beneficiary Sort Code	DNG Dove Naish LLP 5 6 - 0 0 - 6 0 Beneficiary Account Number 4 4 4 1 7 8 5 3
Beneficiary Name Beneficiary Sort Code	DNG Dove Naish LLP 5 6 - 0 0 - 6 0 Beneficiary Account Number 4 4 4 1 7 8 5 3
Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)	DNG Dove Naish LLP 5 6 - 0 0 - 6 0 Beneficiary Account Number 4 4 4 1 7 8 5 3
Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)	DNG Dove Naish LLP 5 6 - 0 0 - 6 0 Beneficiary Account Number 4 4 4 1 7 8 5 3 2024/44928 MER SIGNATURE
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Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable) 5. CUSTOM Primary Application Name	DNG Dove Naish LLP 5 6 - 0 0 - 6 0 Beneficiary Account Number 4 4 4 1 7 8 5 3 2024/44928 MER SIGNATURE MER SIGNATURE MER SIGNATURE Name
Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable) 5. CUSTOM Primary Application Name	DNG Dove Naish LLP 5 6 - 0 0 - 6 0 Beneficiary Account Number 4 4 4 1 7 8 5 3 2024/44928 MER SIGNATURE Int Secondary Applicant Secondary Applicant
Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable) 5. CUSTOM Primary Application Name	DNG Dove Naish LLP 5 6 - 0 0 - 6 0 Beneficiary Account Number 4 4 4 1 7 8 5 3 2024/44928 MER SIGNATURE MER SIGNATURE MER SIGNATURE Name



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

We may need to call to confirm the validity of the payment Instruction	uction. Please detail below the authorised signatories from the bank mandate you would like us
Full Name	
Full Name	
un Name	
Please note if the account is two to sign we will need to speak w	with two of the authorised signatories.
FOR INTERNAL USE ONLY	
TOR INTERNAL USE ONLY	
	If applicable:
iD&V confirmed (refer to ID&V Matrix)	HVT completed and attached
Request fully input to T24	Payment authorised or refered to CPU
nputter Signature	Manager Signature
lame	Name
r	