METRO BANK

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/Business Name: NICOLA STEELE PENSION SCHEME

Debit Account Number: 47900301

2. PAYMENT DETAILS

Payment Type (All payments over the faster payments limit will be sent as a CHAPs)

[✔] Faster Payment (Personal, no fee. Business, tariff dependent)   [ ] CHAPs (Personal £25.00. Business tariff dependent)

Payment Date:

Amount: £ 1,274.00

Amount in Words: One Thousand Two Hundred Seventy Four Pounds

3. EXISTING BENEFICIARY [ ]

Beneficiary Name:

Metro Bank Beneficiary Ref.: B E N _ _ _ _ _ _ _ _ _

4. NEW BENEFICIARY [✔]

Beneficiary Name: MSM Solicitors Limited

Account Type: [ ] Personal Account   [✔] Business Account

Beneficiary Sort Code: 8 2 – 2 0 – 0 0   Beneficiary Account Number: 8 0 2 9 2 2 5 0
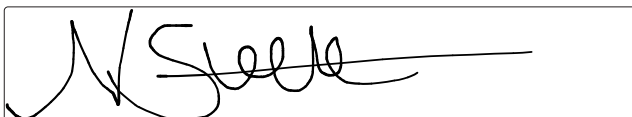
Payment Reference (if applicable): Easter Kincaple EXP

Payment Reference:

Confirmation of Payee Outcome Understood (internal use only): [ ] Match [ ] Close Match [ ] No Match [ ] Not Checked
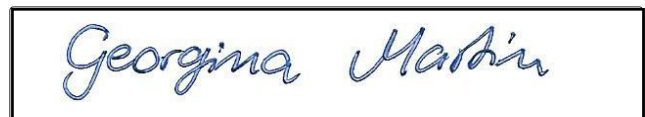
5. CUSTOMER SIGNATURE

Primary Applicant

Name: Nicola Steele

Date: 20/12/2023

Secondary Applicant

Name: Georgina Martin

Date: 20/12/2023

pg 1

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

6. SECURITY CALL BACK

We may need to call to confirm the validity of the payment instruction. Please detail below the authorised signatories from the bank mandate you would like us to call.

Full Name

Full Name

Please note if the account is two to sign we will need to speak with two of the authorised signatories.
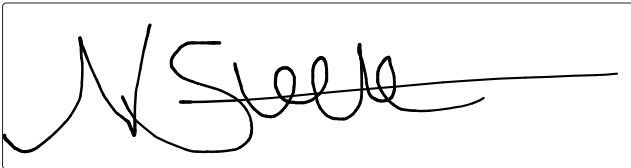
FOR INTERNAL USE ONLY

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

☐ Signature varies however I have verified the customer via system held photo

Inputter Signature

Manager Signature

Name

Name

Date 12/20/2023

Date