

**Outward Payment Instruction (Faster Payment & CHAPs)****1. CUSTOMER DETAILS**

Customer/
Business Name **Oakleaf Facilities Limited SIBA**

Debit Account
Number **45161447**

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 **20.08.24**

Amount **£ 77,109**

Amount in
Words **Seventy seven thousand one hundred and nine pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name **Scottish Widows Ltd Collection A/C**

Account Type ☐ Personal Account ☒ **Business Account**

Beneficiary
Sort Code **3 0 - 1 8 - 0 5**

Beneficiary Account Number **0 0 0 1 4 7 1 7**

Payment Reference
(if applicable) **PTO 2280105**

Payment Reference

Confirmation of Payee
Outcome Understood
(internal use only)

☐ Match

☐ Close Match

☐ No Match

☐ Not Checked

5. CUSTOMER SIGNATURE

Emily McAlister
28.08.24

Primary Applicant

Name

JAMIE ROWTHORN

Date **21-08-24**

Secondary Applicant

Name

PAUL GROOM

Date **28-08-2024**

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