

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 **16.12.22**

Amount **£360,000.00**

Amount in
Words **Three hundred and sixty thousand pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B

E

N

4. NEW BENEFICIARY ☐

Beneficiary
Name

Aviva Wrap UK Limited Client Money Collection

Beneficiary
Sort Code

4

0

0

2

-

5

0

Beneficiary Account

2

1

3

5

7

7

3

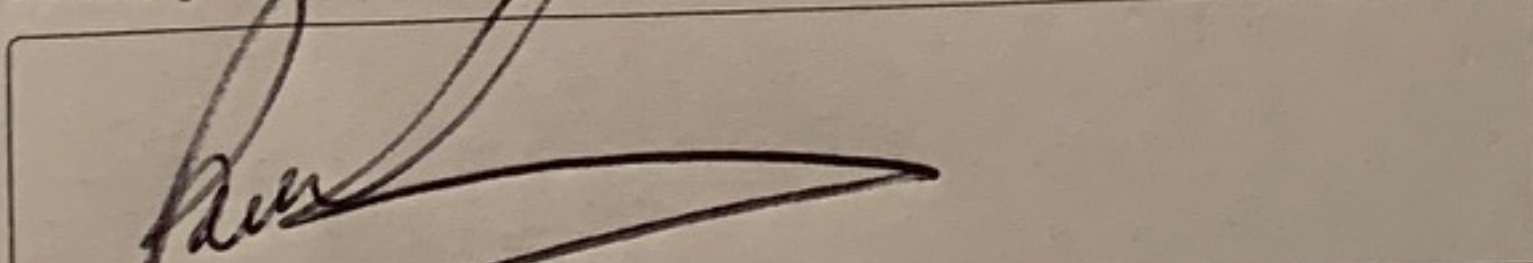
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Payment Reference
(if applicable)

AV2697402-001

5. CUSTOMER SIGNATURE

Primary Applicant



Name

PAUL GROOM

Date

3-01-2023

Secondary Applicant



Name

Emily McAlister

Date

04.01.23

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
Local Call Centre: 0345 08 08 500 • [metrobankonline.co.uk](https://www.metrobankonline.co.uk) • [MetroBank_Help](#)

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