

Outward Payment Instruction (Faster Payments & CHAPs)



Allied Irish Bank (GB)

V.A.M.

Registered Scheme Administrator

1. Customer details

Customer Name

Oakleaf Facilities Limited SIBA

Account Number

0 4 9 1 9 0 8 8

2. Payment details

Payment Type



Faster Payment (No Fee)



CHAPs (£25.00 Fee)



Account To Account Transfer

Amount (GBP)

8 8 8 4 0

Date To Process

1 9 0 3 2 0 1 9

Amount in Words

Eight hundred and eighty eight pounds and forty pence

3. Beneficiary Information

Beneficiary Name

MA & JG Rowthorn

Beneficiary Sort Code

5 3 6 1 3 3

Beneficiary Account Number

6 5 9 6 7 5 2 6

Payment Reference (if applicable)

Drawdown - M Rowthorn

4. Customer Signature

Authorised Signature

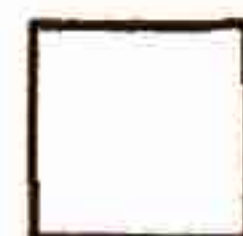
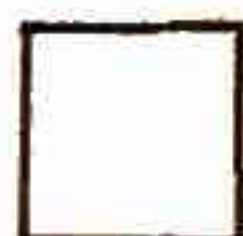
[Handwritten Signature]

Date: 19/03/2019

Authorised Signature

Date:

FOR INTERNAL USE ONLY



Input By:

Signature:

Date:

D D M M Y Y Y Y

Authorised By:

Signature:

Date:

D D M M Y Y Y Y