

TEMP 051 No Charge

Your request to make a

CHAPS transfer

Please note, Separate forms will be required for debiting a different account number and for requesting more than 10 CHAPS payments

All Payment requests must contain an Authentication Code and Signed in accordance with your Bank Mandate

The code will be based on the first crediting account details, plus the total value of the payments received on this payment instruction

Section 1

Sending (remitter) name		Business Address		Total Value of Payments £	
PATRICK VARLEY—PILGRIM SIPP		MW HOUSE			
Sending (remitter) sort code		1 PENMAN WAY		Authentication Code	
122026		GROVE PARK			
Sending (remitter) a/c number		ENDERBY		Code generated by (print card holder name)	
06205538		LEICESTER LE19 1SY			
Receiving (beneficiary) details					
Sort code	A/c number	Customer Name	Payment Reference (maximum 16 characters)	Amount £	
623045	00000000	P VARLEY LIMITED PEN- SION SCHEME	42974212 VARLEY	TO CLOSE	

You are hereby authorised to effect these instruction, either by transmission through the Clearing House Automated Payment System or by such method as you may in your sole discretion decide.

I/we agree that no responsibility is to attach to you for any loss caused by delays, Interruptions or error in transmission of payment, which are not directly due to the Negligence or default of your own officers or servants. Please debit the payment from my/our account number detailed in Section 1.


Neither this instruction for a CHAPS transfer nor your acceptance of it shall be Enforceable by the payee or any other third party.

In order to make this payment, personal information relating to individuals named in this form may be processed for the purpose of:

- (a) complying with the applicable laws, including without limitation anti-money laundering and anti-terrorism laws and regulations, and
- (b) fighting crime and terrorism;

And disclosed to any government entity, regulator authority or to any other person we reasonably think necessary for those purposes. This may mean that personal information will be transferred outside of the European Economic Area to countries which do not provide the same level of data protection as the jurisdiction in which your account is held, namely UK, Channel Islands or Isle of Mann

Contact name and telephone number required in case of query

Signature

Print Name and date
PATRICK VARLEY

Signature
Print Name and date
MAYFLOWER TRUSTEES LTD

Signature
Print Name and date

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309497	00097512	CITY PENSIONS LIMITED	PMPP0491 VARLEY		

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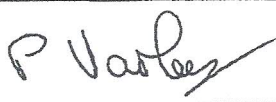
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