

Outward Payment Instruction

(Faster Payments & CHAPs)



Allied Irish Bank (GB)

V.A.M.

Registered Scheme Administrator

1. Customer details

Customer Name

PRN Medical Transcription Pension Fund

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)

1 2 5 8 5 8 4 9

Date To Process

2 4 0 6 2 0 2 2

Amount in Words

One hundred and twenty five thousand pounds, eight hundred and eighty five pounds and forty nine pence

3. Beneficiary Information

Beneficiary Name

PRN Medical Transcription Pension Fund

Beneficiary Sort Code

2 3 0 5 8 0

Beneficiary Account Number

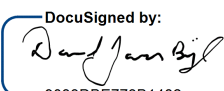
4 5 4 3 1 4 8 7

Payment Reference (if applicable)

10TH 20TH - AIB Closure

4. Customer Signature

Authorised Signature

DocuSigned by:

 9033DBE773B1482...
 Date: 24/6/2022

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