

Outward Payment Instruction (Faster Payments & CHAPs)



Store

One Southampton Row

1. Customer details

Customer Name

PRN Medical Transcription Pension Fund

Account Number

1 6 7 1 3 3 7 6

2. Payment details

Payment Type

- ☒ Faster Payment (No Fee) *Faster Payment Maximum Value = £100K. Payments of a higher value must be sent via CHAPs*
- ☐ CHAPs (£17.50 Fee) *CHAPs Cut Off Time = 3PM. Payments received after this time will be processed Next Day*
- ☐ Account To Account Transfer

Amount (GBP)

2 0 9 4 6 2 0 5

Date To Process

1 7 0 2 2 0 1 6

Amount in Words

Two hundred and nine thousand, four hundred and sixty two pounds and five pence

3. Beneficiary Information

Beneficiary Name

IPM Personal Pension Trustees Limited - 6333

Beneficiary Sort Code

1 2 2 7 3 2

Beneficiary Account Number

1 0 1 3 9 9 6 8

Payment Reference (if applicable)

6333 - PRN Medical SSAS

4. Customer Signature

Authorised Signature

Date:

17/2/2016

Authorised Signature

Date:

17 FEBRUARY 2016

FOR INTERNAL USE ONLY - ID & V Confirmed



Customer Photo



Customer Signature



4Tress



ID

(Passport or Driving Licence Number)

Input By:

Signature:

Date:

Input By: [Signature Line]
Signature: [Signature Line]
Date: [Date Line]

Authorised By:

Signature:

Date:

Authorised By: [Signature Line]
Signature: [Signature Line]
Date: [Date Line]