

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOM	ER DETAILS	en e
Customer/ Business Name	T R Ventures Ltd SSAS	
Debit Account Number	44668149	
2. PAYMEN	Γ DETAILS	
Faster Payme	payments over the faster payments limit will be sen int (Personal, no fee. Business, tariff dependent) $11.05.23$	t as a CHAPs) CHAPs (Personal £25.00. Business tariff dependent)
Payment Date Amount	35,000	
	hirty five thousand pounds	
3. EXISTING	BENEFICIARY	
Beneficiary Name Metro Bank	BEN	
Beneficiary Ref.		
4. NEW BEN	IEFICIARY	
Beneficiary Name	Fundment Limited	
Beneficiary Sort Code	4 0 - 0 5 - 3 0	Beneficiary Account Number 9 3 6 9 3 9 0 2
Payment Reference (if applicable)	PF2000004A7E	
5. CUSTON	1ER SIGNATURE	
Primary Applica	nt	Secondary Applicant
~		Ensort
Name Mr. T	- PALSTON	Name Emily McAlister
Date	11-5-2023	Date 15.05.23



Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk •

✓ MetroBank_Help



Outward Payment Instruction (Faster Payment & CHAPs) (continued)

We may need to call to confirm the validity of the payment instruction. O call.	iction. Please detail below the authorised signatories from the bank mandate you would like us
Full Name	
Full Name	
Please note if the account is two to sign we will need to speak w	rith two of the authorised signatories.
FOR INTERNAL LIGE ONLY	
FOR INTERNAL USE ONLY	gen and the country of the control o
	If applicable:
ID&V confirmed (refer to ID&V Matrix)	HVT completed and attached
Request fully input to T24	Payment authorised or refered to CPU
Inputter Signature	Manager Signature
Name	Name