

## **Outward Payment Instruction** (Faster Payment & CHAPs)

1. CUSTON	IER DETAILS	
Customer/ Business Name	TR Ventures Limited SSAS	
Debit Account Number	44668149	
2. PAYMEN	T DETAILS	
Payment Type (Al	payments over the faster payments limit will be sent a	as a CHAPs)
X Faster Payme	ent (Personal, no fee. Business, tariff dependent)	CHAPs (Personal £25.00. Business tariff dependent)
Payment Date	26.05.23	
Amount £7	776.58	
Amount in Words	even hundred and seventy six poun	ds and fifty eight pence
3. EXISTING	B BENEFICIARY 🗌	
Beneficiary Name		
Metro Bank Beneficiary Ref.	BEN	
4. NEW BEN	NEFICIARY [	
Beneficiary Name	Expert Security Systems UK	
Beneficiary Sort Code	3 0 1 5 - 9 9	Beneficiary Account Number 1 3 0 3 4 2 6 0
Payment Reference (if applicable)	Invoice EX6547	
5. CUSTON	MER SIGNATURE	
Primary Applica	nt	Secondary Applicant
	16	Ensot
Name		Name
Mr.	1. RALSION	Emily McAlister
Date	26   5   2023	Date 26.05.23

OPEN 7 DAYS

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

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

We may need to call to confirm the validity of the payment instru o call.	iction. Please detail below the authorised signatories from the bank mandate you would like us
ull Name	
ull Name	
Please note if the account is two to sign we will need to speak w	vith two of the authorised signatories.
FOR INTERNAL USE ONLY	
	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
lame	Name
value	TO THE STATE OF TH