

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS			
Customer/ Business Name	T R Ventures SSAS		
Debit Account Number	44668149		
2. PAYMEN	TDETAILS		
	payments over the faster payments limit will be sent as a cent (Personal, no fee. Business, tariff dependent)	CHAPs) CHAPs (Personal £25.00. Business tariff dependent)	
Payment Date	06.09.22	ž	
Amount £	1,100.00		
Amount in Words	ne thousand one hundred		
3. EXISTING	BENEFICIARY		
Beneficiary Name			
Metro Bank Beneficiary Ref.	BEN		
4. NEWBEN	IEFICIARY		
Beneficiary Name	HMRC VAT		
Beneficiary Sort Code	0 8 3 2 - 0 0	Beneficiary Account 1 1 9 6 3 1 5 5	
Payment Reference (if applicable) 394 4845 51			
5.CUSTON	MERSIGNATURE		
Primary Applica		Secondary Applicant	
(Ensort	
Name		Name	
Date 6/9/22 Emily McAister Date 06.09.22			
Date	6/9/22	Date 06.09.22	

OPEN 7 DAYS

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)

6. SECURITY CALL BACK	uction. Please detail below the authorised signatories from the bank mandate you would like us
we may need to call to confirm the validity of the payment instit to call.	uction. Please detail below the additions of signatories from the bank manuale you would like us
Full Name	
Full Name	
Please note if the account is two to sign we will need to speak v	with two of the authorised signatories.
The State of the S	er fra samman er skriver græfingst er skriver fræm after kommer og skriver skrivet skrivet skrivet skrivet skri
FORINTERNALUSEONLY	
	lf ·
iD&V confirmed (refer to ID&V Matrix)	HVT completed and attached
Request fully input to T24	Payment authorised or refered to
Inputter Signature	Manager Signature
	.,
Name	Name
	*
Date	Date