Outward Payment Instruction

(Faster Payments & CHAPs)

M M

Date:



Store	One Southampton Row		

1. Customer details				
Customer Name Viking	Consult Pension Scheme	Account Number 1 6 2 1 7 4 7 6		
2. Payment details				
_	CHAPs Cut Off Time = 3PM. Payment	= £100K. Payments of a higher value must be sent via CHAPs is received after this time will be processed Next Day Date To Process 0 4 0 6 2 0 1 8		
Amount in Words One Hundred and Ninety Five Pounds Only				
3. Beneficiary				
Beneficiary Name Pension Practitioner .C		om		
Beneficiary Sort Code	2 0 4 5 4 5			
Beneficiary Account Number	2 3 7 8 4 6 0	6		
Payment Reference (if applicable) INV5602 Viking Consult Pension Scheme				
4. Customer Signature				
Authorised Signature		Authorised Signature		
Enose 2				
Date: OPIONO 18		Date: 4/6/18		
FOR INTERNAL USE OF	NLY - ID & V Confirmed			
Customer Photo	(Passport or Driving Licence Number) ID			
Input By:		Authorised By:		
Signature:		Signature:		

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Signature:

Date: