



1 The Pavilions, Cranford Drive
Knutsford, Cheshire. WA16 8ZR
www.cranfords.biz
admin@cranfords.biz
0844 410 0037

Barclays Bank plc
Lisa Gregory
Ashton House Business Centre
497 Silbury Boulevard
Milton Keynes
MK9 2LD

27th January 2015

Dear Lisa,

CHAPS payment requests - Cranfords

Please can you arrange for the enclosed CHAPS payments to be made. As discussed, if you could ensure that the CHAPS fees are not charged (while we wait for B.net) that would be much appreciated.

I trust this is in order however if you require any further information please do not hesitate to contact me.

Yours sincerely

Andy Johnson
Senior Pensions Administer



Making a Same Day Domestic Payment

BANK USE ONLY:

Originating Branch

Reference

Please note these payments carry a standard charge

Please complete this form in **BLOCK CAPITALS**. Fields highlighted with an asterisk must be completed

Please refer to the Guide to completing this form. Please ensure the information is captured within the respective boxes in each field.

1. How much do you want to send?

D D M M Y Y

*Payment Date:

280115

*Payment Amount
(in FIGURES):

240.00

*Payment Amount
(in WORDS):

Two hundred and forty pounds

2. Your Details

*Your Sort Code:

20-57-44

*Account Number to be debited:

43191796

*Account Name to be Debited:

W4GSL LTD RETIREMENT BENEFITS SCHEME

Your Reference (if different from Beneficiary name) Fee

*Your Contact Telephone Number:

0844 410 0037

3. Who are you paying?

*Account Number to be credited:

33485137

*Beneficiary Account Name:

3110950 Ltd T/A Cranfords

Payment Details e.g. Reference No

W4GSL LTD RETIREMENT BENEFITS SCHEME

4. Which bank are you sending the money to?

*Sort Code:

20-53-77

*Receiving Bank Name:

Barclays

Receiving Branch Name:

5. Charges

Account to be debited for charges (if different from above):

Sort Code to be Debited:

Account Number to be Debited:

6. Your Authorisation

Please debit my/our account with the above payment and charges.

For and on behalf of: **Cranfords**

Date: **270115**

D D M M Y Y

*Authorised Signature:

Authorised Signature:

Authorised Signature:

Authentication Codes (if applicable)
Random Number

Authentication code (1)

Authentication code (2)

Codeword (if applicable)

BANK USE ONLY:

D D M M Y Y

H H M M

Date Instructions Received:

Time:

Details of two forms of ID seen

Branch Contact
Name, Number and
Staff No.

Fax
Transmission
Check (Initial):

*All branch checks (including ID & V, Fraud & Money Laundering/POCA) completed and evidenced.

Branch Authorisation:

Outlet Code



Making a Same Day Domestic Payment

BANK USE ONLY:

Originating Branch

Reference

Please note these payments carry a standard charge

Please complete this form in **BLOCK CAPITALS**. Fields highlighted with an asterisk must be completed

Please refer to the Guide to completing this form. Please ensure the information is captured within the respective boxes in each field.

1. How much do you want to send?

D D M M Y Y

*Payment Date:

280115*Payment Amount
(in FIGURES):**5,000.00***Payment Amount
(in WORDS):

Five thousand pounds

2. Your Details

*Your Sort Code:

20-57-44

*Account Number to be debited:

43191796

*Account Name to be Debited:

W4GSL LTD RETIREMENT BENEFITS SCHEMEYour Reference (if different from Beneficiary name) **Marbella Resort**

*Your Contact Telephone Number:

0844 410 0037**3. Who are you paying?**

*Account Number to be credited:

11040520

*Beneficiary Account Name:

Global Currency Exchange Network Limited Re Marbella Resort and Spa PLC

Payment Details e.g. Reference No

W4GSL LTD RETIREMENT BENEFITS SCHEME**4. Which bank are you sending the money to?**

*Sort Code:

16-00-32

*Receiving Bank Name:

RBS

Receiving Branch Name:

5. Charges

Account to be debited for charges (if different from above):

Sort Code to be Debited:

Account Number to be Debited:

6. Your Authorisation

Please debit my/our account with the above payment and charges.

For and on behalf of: **Cranfords**

Date:

270115

D D M M Y Y

*Authorised Signature:

Authorised Signature:

Authorised Signature:

Authentication Codes (if applicable)
Random Number

Authentication code (1)

Authentication code (2)

Codeword (if applicable)

BANK USE ONLY:

D D M M Y Y

H H M M

Date Instructions Received:

Time:

Details of two forms of ID seen

Branch Contact
Name, Number and
Staff No.Fax
Transmission
Check (Initial):

*All branch checks (including ID & V, Fraud & Money Laundering/POCA) completed and evidenced.

Branch Authorisation:

Outlet Code