

## International Payment Instruction

### 1. CUSTOMER DETAILS

Customer/ Business Name	Whitecliff Pension Scheme		
Debit Account Number	46516419	Date to be sent	14.04.2023

### 2. BENEFICIARY DETAILS

Beneficiary Name	Libergos Limited	Beneficiary Address	Bouboulinas 1-3 Bouboulina Building, Flat 42 1060, Cyprus, Nicosia
Beneficiary Account Number or IBAN*	CY93904000010000100696101000		
*IBAN is required for ALL Euro payments			
Payment Reference	Refund of the wrong payment by Inv WPS-065		
Beneficiary Bank Name and address	ISX FINANCIAL EU PLC		
SWIFT code or ABA Routing Number	ISEMCY22XXX		

### 3. PAYMENT DETAILS Please complete either section a or b

SECTION A I want to debit my account with:		SECTION B I want the beneficiary to receive:	
Amount in figures	10320	Amount in figures	
Amount in words	ten thousand three hundred twenty	Amount in words	
Currency	EURO	Currency	
We will automatically convert this payment to the local currency when we send the payment. If you would like to send this payment in a specific currency please state currency to be sent in:			

### 4. CHARGES

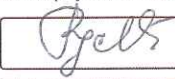
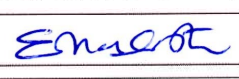
For payments made inside the EEA all charges will be shared, if your payment is outside the EEA would you like to:

Share the charges ☐ I/We pay all charges ☐ Beneficiary pay all charges ☒

☐ I/We would like the charges debited from a separate account. Please charge:

### 5. SIGNATURE

Please note: All international payment in currencies other than GBP/EUR/USD are at a reference rate on the day and are therefore subject to change accordingly.

Primary Applicant:		Secondary Applicant:	
Name	Marko Radosavljevic	Name	Emily McAlister
Date	18/04/2023	Date	18.04.23

**OPEN 7 DAYS**

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm  
Local Call Centre: 0345 08 08 500 • [metrobankonline.co.uk](http://metrobankonline.co.uk) • [MetroBank\\_Help](https://twitter.com/MetroBank_Help)

## International Payment Instruction (continued)

### 6. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)

Intermediary Bank  
Name and Address

Intermediary Bank  
SWIFT Code or  
ABA Routing Number

### 7. SECURITY CALL BACK

We may need to call to confirm the validity of the payment instruction. Please detail below the authorised signatories from the bank mandate you would like us to call.

Full Name

Full Name

Please note if the account is two to sign we will need to speak with two of the authorised signatories.

### 8. FOR INTERNAL USE ONLY

☐ ID&V confirmed (refer to ID&V Matrix)

If applicable:

☐ HVT completed and attached ☐ Payment authorised or referred to CPU

Staff Signature

Manager Signature

Name

Name

Date

Date

Date received

Exchange Rate

Time received

GBP Equivalent

Charges

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