

## International Payment Instruction

### 1. CUSTOMER DETAILS

Customer/ Business Name	WHITECLIFF PENSION SCHEME		
Debit Account Number	45255654	Date to be sent	26.04.2023

### 2. BENEFICIARY DETAILS

Beneficiary Name	WHITECLIFF PENSION SCHEME	Beneficiary Address	
Beneficiary Account Number or IBAN*	46516419		
*IBAN is required for ALL Euro payments			
Payment Reference	Conversion		
Beneficiary Bank Name and address	Metro Bank PLC, One Southampton Row, London WC1B 5HA		
SWIFT code or ABA Routing Number			

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

#### SECTION A I want to debit my account with:

Amount in figures	1000
Amount in words	One thousand
Currency	GBP

#### SECTION B I want the beneficiary to receive:

Amount in figures	
Amount in words	
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	<input type="checkbox"/>	I/We pay all charges	<input checked="" type="checkbox"/>	Beneficiary pay all charges	<input type="checkbox"/>
<input type="checkbox"/> I/We would like the charges debited from a separate account. Please charge: <input type="text"/>					

### 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	25/04/2023	Date	26.04.23

**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](#)

## 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

**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) • [Twitter](#) MetroBank\_Help