

Invoice

Billing Address:

Company

ATB Fire Safety Executive

Name

Pension 4 Parc Castell-Y-Mynach

Address

Creigiau

Cardiff

CF15 9NU

Postcode

Service Information:

Invoice Number:

Invoice Date:

4580

13/10/2022

Client	Fee Description	Amount Each	Total Amount
ATB Fire Safety	Assistance with preparing pension scheme accounts	£473.00	£473.00
		Subtotal:	
		:	
		Expenses:	
		Grand Total:	£473.00

Payment is required within 14 days of receipt of Invoice, a prepaid envelope is enclosed for your convenience.

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Bank Details:

Stratford Collins Consultants Lloyds TSB, 18 Wyndham Street, Bridgend, CF31 1EQ Account Number; 00422204 Sort Code; 30-91-18

Stratford Collins Consultants Limited, PO BOX 83, Llantwit Major, Vale Of Glamorgan, CF71 9BT

Registered in England and Wales No. 5951675

Tel; 01446 500538 E-Mail; adrian@stratfordcollins.co.uk



Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS				
Customer/ Business Name ATB FIRE SAFETY EXECUTIVE P S				
Debit Account Number 45203891				
2. PAYMENT DETAILS				
Payment Type (All payments over the faster payments limit will be sent as a CHAPs)				
Faster Payment (Personal, no fee. Business, tariff dependent)				
Payment Date 28/10/2022				
Amount £ 473				
Amount in Words Four Hundred and Seventy Three Pounds				
3. EXISTING BENEFICIARY				
Beneficiary Name				
Metro Bank Beneficiary Ref. B E N				
4. NEW BENEFICIARY 🗸				
Beneficiary Name Stratford Collins Consultants				
Beneficiary Sort Code 3 0 - 9 1 - 1 8 Beneficiary Account Number 0 0 4 2 2 2 0 4				
Payment Reference (if applicable) ATB Acc				
5. CUSTOMER SIGNATURE				
Primary Applicant Secondary Applicant				
Aleron Julia. MABern.				
Name Name				
Asreal Buens Tragueros Guers.				
Date 07 11 2022				

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)

We may need to call to confirm the validity of the payment instruction call.	n. Please detail below the authorised signatories from the bank mandate you would like us			
Name				
Full Name				
Please note if the account is two to sign we will need to speak with to	wo of the authorised signatories.			
FOR INTERNAL USE ONLY				
	If applicable:			
ID&V confirmed (refer to ID&V Matrix)	HVT completed and attached			
Request fully input to T24	Payment authorised or refered to CPU			
Inputter Signature	Manager Signature			
Name	Name			
Date	Date			