

CLIENT FUNDS WITHDRAWAL REQUEST

By debiting my/our account number (Mandatory field):

Saxo account ID: 12563713

Account name (Mandatory field):

SSAS BristolPad Pension Scheme

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I/We hereby authorise Saxo Capital Markets UK limited to execute the following transfer on my / our behalf:

Pay to:

Bank name:

Metro Bank

Bank address:

One Southampton Row London, WC1B 5HA

SWIFT ID (BIC): Account Number: 44564769

SWIFT: MYMBGB2L

Clearing Code (Sort Code, BLZ, ABA...etc):

Sort Code: 23-05-80

Branch name (or City):

London

Amount:

(If full amount, please tick box to close the account)

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Currency:

GBP

200,000.00

In Favor of (if applicable):

Intermediary bank if applicable:

Account no. (or IBAN if available)

Clearing Code (Sort Code, BLZ, ABA...etc):

For further Credit to:

Ultimate Beneficiary Name:

BristolPad Pension Scheme

Account no:

44564769

Additional Info (Information to the Beneficiary Bank about the reason of transfer or the relevant info):

Saxo Withdrawal

Authorised Signatory:

Authorised Signatory: Ian Day

Date: 05/05/2023

Authorised Signatory (if more than one):

Esther Salmon

Date: 05/05/2023

Esther Salmon on behalf of Cranfords Trustees Ltd

Please note that the ultimate beneficiary must be the same as the client

Please sign this request and email it to PaymentServices@saxobank.com or fax it to +44 (0) 207 151 2001

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