

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **CHL INVESTMENTS SSAS**

Debit Account
Number **45488535**

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) ☐ CHAPs (Personal £25.00. Business tariff dependent)

Payment Date

Amount **£ 2,084.00**

Amount in
Words **Two Thousand Eighty Four Pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name **Insignis Asset Management Ltd**

Account Type ☐ Personal Account ☒ Business Account

Beneficiary
Sort Code **2 0 - 0 1 - 5 8**

Beneficiary Account Number **7 3 2 1 9 1 8 6**

Payment Reference
(if applicable) **CHLIAA**

Payment Reference

Confirmation of Payee
Outcome Understood
(internal use only)

☐ Match ☐ Close Match ☐ No Match ☐ Not Checked

5. CUSTOMER SIGNATURE

Primary Applicant

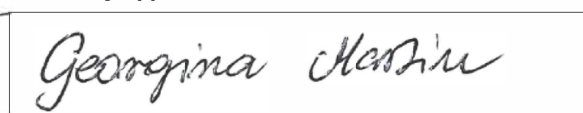


Name

Claire Hamlett-Ledger

Date **23/01/2024**

Secondary Applicant



Name

Georgina Martin

Date **23/01/2024**

Outward Payment Instruction (Faster Payment & CHAPs) *(continued)*

6. 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.

FOR INTERNAL USE ONLY

- ☐ ID&V confirmed (refer to ID&V Matrix)
- ☐ Request fully input to T24
- ☐ Signature varies however I have verified the customer via system held photo

Inputter Signature

Name

Date

If applicable:

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

Manager Signature

Name

Date