

International Payment Instruction

ore One Southampton Row					
1. CUSTOME	ER DETAILS				
Customer name	DAI (UK) PENSION SCHEME				
Customer number	Account number 2 1 1 0 5 5 8 9				
Customer number	number				
2. PAYMENT DETAILS					
2. PATMENT	Currency F				
Date to be actioned	10/12/2018 Amount in figures 50,000 (to be sent in) Euro				
Amount in words	Fifty Thousand EURO's only				
3. BENEFIC	IARY DETAILS				
Beneficiary Name	Investec Bank PLC				
Beneficiary Address	The Harcourt Building, Harcourt Street, Dublin 2, Ireland				
	The Halland Annual Control of the Co				
Beneficiary Account Number of IBAN* IE90B0Fi90001731547244					
118111201 11 12 12	*IBAN is required for ALL Euro payments				
Payment Reference	DAI (UK) Pension Scheme				
4. BENEFIC	IARY BANK DETAILS				
Beneficiary Bank Name	Bank of Ireland				
Beneficiary Bank Address	College Green, Dublin 2				
Beneficiary Bank SWIFT Code or ABA Routing Number	BOFIIE2D				
5. INTERME	EDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)				
Intermediary Bank Name					
Intermediary Bank Address					
Intermediary Bank SWIFT Code or ABA Routing Number					



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(continued)

6. CHARGES					
I/We pay Metro Bank charges only Beneficiary to pay all charges I/We pay all charges I/We would like the charges debited from a separate account. Please charge the following account:					
7. CUSTOMER	R SIGNATURE				
Please note: All international Primary Applicant:	ational payment in currencies other t	han GBP/EUR/USD are at indicative rates or Secondary Applicant:	the day and are therefore subject to change accordingly.		
Date	10/12/2018	Date	10/12/2018.		
FOR INTERNAL USE ONLY ID&V confirmed (refer to ID&V Matrix) Staff Signature			HVT completed and attached Payment authorised or refered to CPL		
Name Date		Manager Signature Name			
		Date			
Date received		Exchange Rate			
Time received		GBP Equivalent			
		Charges			