

International Payment Instruction

One South	ampton Row			
1. CUSTOM	ER DETAILS			
Customer name	DAI (UK) PENSION SCHEME			
Customer number	Account number 2 1 1 0 5 5 8 9			
2. PAYMENT	DETAILS			
Date to be actioned	04/12/2017 Amount in figures 250,000 Currency (to be sent in) Euro			
Amount in words	Two Hundred and Fifty Thousand EURO's only			
3. BENEFICI	ARY DETAILS			
Beneficiary Name	Investec Bank Plc			
Beneficiary Address	The Harcourt Building, Harcourt Street, Dublin 2. Ireland			
Beneficiary Account Number or IBAN*	IE90BOFI90001731547244			
Payment Reference	*IBAN is required for ALL Euro payments			
	DAI (UK) Pension Scheme ARY BANK DETAILS			
Beneficiary Bank	Bank of Ireland			
Name Beneficiary Bank Address	Bank of Ireland, College Green, Dublin 2			
Beneficiary Bank SWIFT Code or ABA Routing Number	B O F I I E 2 D			
5. INTERME	DIARY 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				



International Payment Instruction

(continued)

√ I/We pay Metro Bar	nk charges only Beneficiary	to pay all charges // I/We pay all charges	
I/We would like the	charges debited from a separate ac	count. Please charge the following account:	
and the state of t			***************************************
7. CUSTOMER	SIGNATURE		
Please note: All internation	onal payment in currencies other tha	n GBP/EUR/USD are at indicative rates on the day and are therefore subject to cha	ange according
Primary Applicant:		Secondary Applicant:	
		Date 04/12/2017	=
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Date (04/12/2017	Date 04/12/2017	
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FOR INTERNAL	USE ONLY		
		If applicable:	
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ID&V confirmed (re		HVT completed and attached Payment authorised	i or refered to
ID&V confirmed (re			I or refered to
ID&V confirmed (re Staff Signature		HVT completed and attached Payment authorised	f or refered to
ID&V confirmed (re Staff Signature		HVT completed and attached Payment authorised	i or refered to
ID&V confirmed (re Staff Signature		HVT completed and attached Payment authorised Manager Signature	t or refered to
ID&V confirmed (re Staff Signature		HVT completed and attached Payment authorised Manager Signature Name	I or refered to
ID&V confirmed (re Staff Signature		HVT completed and attached Payment authorised Manager Signature Name Date	f or refered to
ID&V confirmed (re Staff Signature Name Date Date received		HVT completed and attached Payment authorised Manager Signature Name	I or refered to
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