

International Payment Instruction

Bank

1. CUSTOMER DETAILS

Customer name	<input type="text" value="DC Pension Scheme"/>	
Sort Code	<input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="-"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="-"/> <input type="text" value="9"/> <input type="text" value="6"/>	Account number <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/>

2. PAYMENT DETAILS

Date to be actioned	<input type="text" value="12/02/2019"/>	Amount in numbers	<input type="text" value="49,000.00"/>	Currency (to be sent in)	<input type="text" value="GBP"/>
Amount in words	<input type="text" value="Forty Nine Thousand Pounds Only"/>				

3. BENEFICIARY DETAILS

Beneficiary Name	<input type="text" value="CARLTON JAMES MOLLITIUM OFFSHORE FUND MANAGER PLATFORM SPC"/>
Beneficiary Address	<input type="text" value="3rd Floor Citrus Grove, Goring Avenue, George Town, Grand Cayman"/>
Beneficiary Account Number or IBAN*	<input type="text" value="01992101"/> <small>*IBAN is required for ALL Euro payments</small>
Payment Reference	<input type="text" value="CARLTON JAMES CAPITAL MARKETS FUND/DCPS"/>

4. BENEFICIARY BANK DETAILS

Beneficiary Bank Name	<input type="text" value="DMS Bank & Trust Ltd"/>
Beneficiary Bank Address	<input type="text" value="20 GENESIS CLOSE, GRAND CAYMAN KY1 1104"/>
Beneficiary Bank SWIFT Code or ABA Routing Number	<input type="text" value="C"/> <input type="text" value="A"/> <input type="text" value="Y"/> <input type="text" value="I"/> <input type="text" value="K"/> <input type="text" value="Y"/> <input type="text" value="K"/> <input type="text" value="Y"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>

5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)

Intermediary Bank Name	<input type="text" value="BANK OF NEW YORK MELLON"/>
Intermediary Bank Address	<input type="text" value="LONDON, ENGLAND"/> <input type="text" value="IBAN:GB24IRVT70022574299860"/>
Intermediary Bank SWIFT Code or ABA Routing Number	<input type="text" value="I"/> <input type="text" value="R"/> <input type="text" value="V"/> <input type="text" value="T"/> <input type="text" value="G"/> <input type="text" value="B"/> <input type="text" value="2"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>

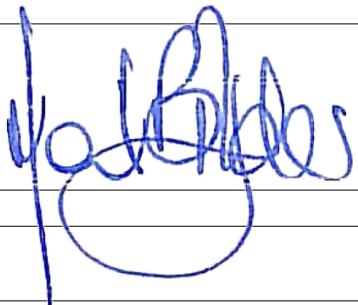
6. PURPOSE OF TRANSACTION - Description

Pension Fund Investment

We authorise the scheme administrator to make the payment on the date stated on this form in accordance with the following authorised account signatures

7. SIGNATURE

1st Signatory



Name

Niel Ryder

Date 12/02/2019

2nd Signatory - if applicable

Name

Date