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Outward Payr	ment Instruction ents & CHAPs) Allied Irish Bank (GB)									
V.A.M. Register	Registered Scheme Administrator									
1. Customer de	tails									
Customer Name Goldma	Account Number0491908									
2. Payment deta	ails									
Payment Type Faster Payment (No CHAPs (£25.00 Fee Account To Account Amount (GBP) Amount in Words Two 3. Beneficiary In	e) Transfer 2 6 3 0 8 9 Date To Process 2 9 0 4 2 0 2 2 thousand, six hundred and thirty pounds and 89 pence									
Beneficiary Name	Goldman Pension SSAS									
Beneficiary Sort Code Beneficiary Account Number Payment Reference (if applicable)	2 3 0 5 8 0 4 6 6 0 1 7 1 8 OTH - AIB Closure									
4. Customer Sig	gnature									
Authorised Signature DocuSigned by: Puilip Column 2E35083E4C5E43F 7/10/202										
FOR INTERNAL USE ON										

Input By:									Authorised By:									
Signature						-			Signature:									
Date:	D	D	M	Μ	Y	Y	Y	Y	Date:	D	D	M	M	Y	Y	Y	Y	