DocuSign Envelope II	D: D0FB39FB-256A-4E59-8CB	3-A9F7F1339A47

Outward Payment Instruction (Faster Payments & CHAPs)		Allied Irish Bank (GB)	
V.A.M. Register	red Scheme Administrator		
1. Customer details			
Customer Name Goldma	an Pension SSAS	Account Number 0 4 9 1 9 0 8 8	
2. Payment details			
Payment Type Image: Faster Payment (No Fee) Image: CHAPs (£25.00 Fee) Image: Account To Account Transfer			
Amount (GBP)	2 5 0 0 0 0 0 0	Date To Process 1 3 1 0 2 0 2 1	
Amount in Words two hundred and fifty thousand pounds			
3. Beneficiary Information			
Beneficiary Name	Beaufort Montague Ha	rris	
Beneficiary Sort Code	5 5 7 0 3 1		
Beneficiary Account Number	7 9 6 6 0 7 8	3 9	
Payment Reference (if applicable)	Goldman		
4. Customer Signature			
Authorised Signature		Authorised Signature	
DocuSigned by: Pluilip Golden 2E35083E4C5E43F. Date: 13/10/2021		Date:	
FOR INTERNAL USE ON	J		
Input By:		Authorised By:	
Signature:		Signature:	
Date: D D	M M Y Y Y Y	Date: D D M M Y Y Y Y	