

International Payment Instruction

Store

1. CUSTOMER DETAILS

Customer name

Customer number

Account number

2. PAYMENT DETAILS

Date to be actioned

Amount in figures

Currency
(to be sent in)

Amount in words

3. BENEFICIARY DETAILS

Beneficiary Name

Beneficiary Address

Beneficiary Account
Number or IBAN*

*IBAN is required for **ALL** Euro payments

Payment Reference

4. BENEFICIARY BANK DETAILS

Beneficiary Bank
Name

Beneficiary Bank
Address

Beneficiary Bank
SWIFT Code or
ABA Routing Number

5. INTERMEDIARY 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)

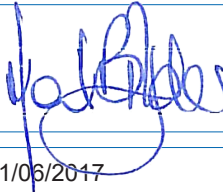
6. CHARGES

<input type="checkbox"/> I/We pay Metro Bank charges only	<input type="checkbox"/> Beneficiary to pay all charges	<input checked="" type="checkbox"/> I/We pay all charges
<input type="checkbox"/> I/We would like the charges debited from a separate account. Please charge the following account: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

7. CUSTOMER SIGNATURE

Please note: All international payment in currencies other than GBP/EUR/USD are at indicative rates on the day and are therefore subject to change accordingly.

Primary Applicant:


Date: 21/06/2017

Secondary Applicant:

Date:

FOR INTERNAL USE ONLY

<input type="checkbox"/> ID&V confirmed (refer to ID&V Matrix)	If applicable:	
Staff Signature	<input type="checkbox"/> HVT completed and attached	<input type="checkbox"/> Payment authorised or referred to CPU
Name	Manager Signature	
Date	Name	
	Date	
Date received	Exchange Rate	
Time received	GBP Equivalent	
	Charges	