

International Payment Instruction

Store One Southampton Row			
1. CUSTOM	ER DETAILS		
Customer name	Hydon & Grim Limited Pension Scheme		
Customer number	Account number 1 7 5 2 4 9 3 3		
2. PAYMENT	DETAILS		
Date to be actioned	21/06/2017 Amount in figures 55,000 Currency (to be sent in) GBP		
Amount in words	Fifty FiveThousand Pounds Only		
3. BENEFICI	IARY DETAILS		
Beneficiary Name	MAPLESFS LIMITED		
Beneficiary Address	250 Park Avenue, 7th Floor, New York, NY 10177, USA		
Beneficiary Account Number or IBAN*	803-3830-956		
	*IBAN is required for ALL Euro payments		
Payment Reference	Carlton James Commercial Real Estate Ltd Account # 714134		
4. BENEFICIARY BANK DETAILS			
Beneficiary Bank Name	BANK OF NEW YORK MELLON		
Beneficiary Bank Address	ONE WALL STREET, NEW YORK, NY10286		
Beneficiary Bank SWIFT Code or ABA Routing Number	IRVTUS3NXXX		
5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)			
Intermediary Bank Name	BANK OF NEW YORK MELLON		
Intermediary Bank Address	LONDON, ENGLAND		
Intermediary Bank SWIFT Code or ABA Routing Number	I R V T G B 2 X X X		



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(continued)

6. CHARGES			
I/We pay Metro Bank charges only Beneficiary to pay all charges I/We pay all charges I/We would like the charges debited from a separate account. Please charge the following account:			
7. CUSTOMER SIGNATURE			
Please note: All international payment in currencies other than GBP/EUR/USD Primary Applicant: Date 21/06/2017	are at indicative rates on the day and are therefore subject to change accordingly. Secondary Applicant: Date 21,06,7017		
FOR INTERNAL USE ONLY			
ID&V confirmed (refer to ID&V Matrix) Staff Signature	If applicable: HVT completed and attached Payment authorised or refered to CPU Manager Signature		
Name Date	Name Date		
Date received Time received	Exchange Rate GBP Equivalent		
	Charges		