

## International Payment Instruction

### 1. CUSTOMER DETAILS

Customer/Business Name **INFOMATRIX ONEVIEW P T-C AMERICANOS**

Account Number **38058942**

### 2. PAYMENT DETAILS

Date to be actioned **26.11.24** Amount in figures **6,000** Currency (to be sent in) **Euro**

Amount in words **Six thousand EURO**

Would you like to fix the amount. Please tick one.

☐ Debited from your account ☒ Received by the beneficiary

### 3. BENEFICIARY DETAILS

Beneficiary Name **European Sleeper Exploitatie B.V.**

Beneficiary Address **Netherlands**

Beneficiary Account Number or IBAN\* **NL89 INGB 0398 1369 55**

\*IBAN is required for ALL Euro payments

Payment Reference **BOND LOAN - AMERICANOS**

### 4. BENEFICIARY BANK DETAILS

Beneficiary Bank Name **European Sleeper Exploitatie B.V.**

Beneficiary Bank Address **Netherlands**

Beneficiary Bank SWIFT Code or ABA Routing Number **INGBNL2A**

### 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

**OPEN 7 DAYS**

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm  
Local Call Centre: 0345 08 08 500 • [metrobankonline.co.uk](https://metrobankonline.co.uk) • [MetroBank\\_Help](#)

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## International Payment Instruction (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. REASON FOR PAYMENT

Community bond loan 2 Charles Georghios  
Americanos

### 8. SECURITY CALL BACK

We may need to call to confirm the validity of the payment instruction. Please detail below the authorised signatories from the bank mandate you would like us to call.

Full Name

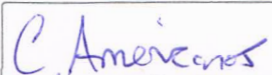
Full Name

Please note if the account is two to sign we will need to speak with two of the authorised signatories.

### 9. 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:



Secondary Applicant:



Name

Name

Date

Date

### FOR INTERNAL USE ONLY

☐ ID&V confirmed (refer to ID&V Matrix)

Staff Signature

Name

Date

If applicable:

☐ HVT completed and attached ☐ Payment authorised or referred to CPU

Manager Signature

Name

Date

Date received

Exchange Rate

Time received

GBP Equivalent

Charges

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