

Invoice

Billing Address:

Invoice Number:

Invoice Date:

4600

03/05/23

Company Name

Address

Brynna Mill

Millstone Executive Pension

Brynna

Pontyclun

Postcode

CF72 9QP

Service Information:

| Client | Fee Description | Amount Each | Total Amount |
|----------------|--------------------------------|--------------|--------------|
| Millstone SSAS | Loan Admin Fees 2018 -2023 X 5 | £495.00 | £2,485.00 |
| | Redemption Fees | £250.00 | £250.00 |
| | Charge removal | £300.00 | £300.00 |
| | Calculation Fees | £195.00 | £195.00 |
| | Legal & Transfer Fees | £240,00 | £240.00 |
| | | | |
| | | | |
| | | Subtotal: | £3,470.00 |
| | | Expenses: | |
| | | Grand Total: | £3,470.00 |

Payment is required within 14 days of receipt of Invoice, a prepaid envelope is enclosed for your convenience.

| No | | 0 | 0 | |
|-----|----|---|---|--|
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Bank Details:

Stratford Collins Consultants Lloyds TSB, 18 Wyndham Street, Bridgend, CF31 1EQ Account Number; 00422204 Sort Code; 30-91-18

Stratford Collins Consultants Limited, PO BOX 83, Llantwit Major, Vale Of Glamorgan, CF71 9BT

Registered in England and Wales No. 5951675

Tel; 01446 500538 E-Mail; adrian@stratfordcollins.co.uk



Outward Payment Instruction (Faster Payment & CHAPs)

| 1. CUSTOMER DETAILS | | | | | |
|--|---------------------|--|--|--|--|
| Customer/ Business Name MILLSTONE EXECUTIVE PENSION | | | | | |
| Debit Account Number 45296563 | | | | | |
| 2. PAYMENT DETAILS | | | | | |
| Payment Type (All payments over the faster payments limit will be sent as a CHAPs) | | | | | |
| Faster Payment (Personal, no fee. Business, tariff dependent) | | | | | |
| Payment Date | | | | | |
| Amount £ 3,470.00 | | | | | |
| Amount in Words Three thousand, four hundred and seventy pounds | | | | | |
| 3. EXISTING BENEFICIARY | | | | | |
| Beneficiary Name | | | | | |
| Metro Bank BEN | | | | | |
| Beneficiary Ref. | | | | | |
| 4. NEW BENEFICIARY V | | | | | |
| Beneficiary Name Stratford Collins Consultants Limit | ed | | | | |
| Beneficiary Sort Code 3 0 - 9 1 - 1 8 Beneficiary Account Number 0 0 4 2 2 2 0 4 | | | | | |
| Payment Reference (if applicable) INV-4600 | | | | | |
| 5. CUSTOMER SIGNATURE | | | | | |
| Primary Applicant | Secondary Applicant | | | | |
| Name Name | | | | | |
| Stepehen Howells | Steven Dicks | | | | |
| Date 26 06 12023 Date 26 06 2023 | | | | | |
| | | | | | |



Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm

Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • \$\mathbf{y}\$ MetroBank_Help



Outward Payment Instruction (Faster Payment & CHAPs) (continued)

| 6. SECURITY CALL BACK | | |
|---|--|--|
| We may need to call to confirm the validity of the payment instruto call. | uction. Please detail below the authorised signatories from the bank mandate you would like us | |
| Full Name | | |
| Full Name | | |
| Please note if the account is two to sign we will need to speak v | with two of the authorised signatories. | |
| FOR INTERNAL USE ONLY | | |
| _ | If applicable: | |
| ID&V confirmed (refer to ID&V Matrix) | HVT completed and attached | |
| Request fully input to T24 | Payment authorised or refered to CPU | |
| Inputter Signature | Manager Signature | |
| | | |
| | | |
| | | |
| lame | Name | |
| | | |
| | | |
| Date | Date | |