

# International Payment Instruction

Bank

## 1. CUSTOMER DETAILS

Customer name	<input type="text" value="NGCS Pension Scheme 2"/>	
Sort Code	<input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="-"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="-"/> <input type="text" value="9"/> <input type="text" value="6"/>	Account number <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/>

## 2. PAYMENT DETAILS

Date to be actioned	<input type="text" value="22/10/2018"/>	Amount in numbers	<input type="text" value="57,500.00"/>	Currency (to be sent in)	<input type="text" value="GBP"/>
Amount in words	<input type="text" value="Fifty Seven Thousand Five Hundred Pounds Only"/>				

## 3. BENEFICIARY DETAILS

Beneficiary Name	<input type="text" value="CARLTON JAMES MOLLITIUM OFFSHORE FUND MANAGER PLATFORM SPC"/>
Beneficiary Address	<input type="text" value="3rd Floor Citrus Grove, Goring Avenue, George Town, Grand Cayman"/>
Beneficiary Account Number or IBAN*	<input type="text" value="01992101"/> <small>*IBAN is required for ALL Euro payments</small>
Payment Reference	<input type="text" value="CARLTON JAMES CAPITAL MARKETS FUND/NGCSRS 2"/>

## 4. BENEFICIARY BANK DETAILS

Beneficiary Bank Name	<input type="text" value="DMS Bank &amp; Trust Ltd"/>
Beneficiary Bank Address	<input type="text" value="20 GENESIS CLOSE, GRAND CAYMAN KY1 1104"/>
Beneficiary Bank SWIFT Code or ABA Routing Number	<input type="text" value="C"/> <input type="text" value="A"/> <input type="text" value="Y"/> <input type="text" value="I"/> <input type="text" value="K"/> <input type="text" value="Y"/> <input type="text" value="K"/> <input type="text" value="Y"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>

## 5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)

Intermediary Bank Name	<input type="text" value="BANK OF NEW YORK MELLON"/>
Intermediary Bank Address	<input type="text" value="LONDON, ENGLAND"/> <input type="text" value="IBAN:GB24IRVT70022574299860"/>
Intermediary Bank SWIFT Code or ABA Routing Number	<input type="text" value="I"/> <input type="text" value="R"/> <input type="text" value="V"/> <input type="text" value="T"/> <input type="text" value="G"/> <input type="text" value="B"/> <input type="text" value="2"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>

## 6. PURPOSE OF TRANSACTION - Description

Pension Fund Investment

We authorise the scheme administrator to make the payment on the date stated on this form in accordance with the following authorised account signatures

## 7. SIGNATURE

### 1st Signatory



Name

Nick Greenaway

Date 22/10/2018

### 2nd Signatory - if applicable



Name

Date