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Date:

·	-D150-4C7D-B6EF-6598E83C097D yment Instruction
(Faster Paym	nents & CHAPs) Allied Irish Bank (GB)
V.A.M. Registe	ered Scheme Administrator
1. Customer c	details
Customer Name	Account Number 0 4 9 1 9 0 8 8
2. Payment de	etails
Payment Type Faster Payment (CHAPs (£25.00 F Account To Accou	Fee) Int Transfer
Amount (GBP)	1 6 3 7 5 6 3 4 Date To Process 2 7 0 5 2 0 2 2
Amount in Words One	hundred and sixty three thousand seven hundred and fifty six pounds and thirty four pence
3. Beneficiary	⁷ Information
Beneficiary Name	Narainen SSAS
Beneficiary Sort Code	2 3 0 5 8 0
Beneficiary Account Number	4 5 1 5 7 3 5 0
Payment Reference (if applicable)	AIB closure
4. Customer S	Signature
Authorised Signature	Authorised Signature
DocuSigned by: Marday M DB52F612C1B740	arainen ce
Date: 28/5/2022	Date:
FOR INTERNAL USE (DNLY
Input By:	Authorised By:
Signature:	Signature:

Date: