

## **International Payment Instruction**

Store	One South	ampton Row		
1. CUSTOMER DETAILS				
Customer name		PMA Pension Fund		
Customer number		Account number 1 9 4 5 6 8 2 7		
2. PAYMENT DETAILS				
Date t	to be actioned	21/06/2017 Amount in figures 15,000 Currency (to be sent in) GBP		
Amount in words		FifteenThousand Pounds Only		
3. BENEFICIARY DETAILS				
Benefi	ciary Name	MAPLESFS LIMITED		
Beneficiary Address		250 Park Avenue, 7th Floor, New York, NY 10177, USA		
	iciary Account er or IBAN*	803-3830-956		
		*IBAN is required for ALL Euro payments		
Payment Reference		Carlton James Commercial Real Estate Ltd Account # 714134		
<b>4.</b> E	BENEFICI	ARY BANK DETAILS		
Beneficiary Bank Name		BANK OF NEW YORK MELLON		
Daniel Danie		ONE WALL STREET, NEW YORK, NY10286		
SWIFT	Beneficiary Bank SWIFT Code or ABA Routing Number			
5. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)				
Interme Name	ediary Bank	BANK OF NEW YORK MELLON		
Interme	rmediary Bank ress LONDON, ENGLAND			
Intermediary Bank SWIFT Code or ABA Routing Number  I R V T G B 2 X X X X				



## **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. 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:		
Date 21/06/2017	Date 2, 06/2017		
•			
FOR INTERNAL USE ONLY			
ID&V confirmed (refer to ID&V Matrix)	If applicable:		
Staff Signature	HVT completed and attached Payment authorised or refered to CPU		
	Manager Signature		
Name			
Date	Name		
	Date		
Date received	Exchange Rate		
Time received	GBP Equivalent		
	Charges		