

## International Payment Instruction

Store

### 1. CUSTOMER DETAILS

Customer name

Customer number

       

Account number

       

### 2. PAYMENT DETAILS

Date to be actioned

Amount in figures

Currency  
(to be sent in)

Amount in words

### 3. BENEFICIARY DETAILS

Beneficiary Name

Beneficiary Address

MAPLESFS 250 PARK AVENUE, 7TH FLOOR,  
NEW YORK, NY 10177,  
USA

Beneficiary Account  
Number or IBAN\*

\*IBAN is required for ALL Euro payments

Payment Reference

### 4. BENEFICIARY BANK DETAILS

Beneficiary Bank  
Name

Beneficiary Bank  
Address

Beneficiary Bank  
SWIFT Code or  
ABA Routing Number

          

### 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



## 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:

*[Signature]*

Date

25/08/2016

Secondary Applicant:

*[Signature]*

Date

25 AUGUST 2016

### 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