

## **Outward Payment Instruction** (Faster Payment & CHAPs)

1. CUSTOMER DETAILS		
Customer/ Business Name Rantum SSAS		
Debit Account Number 44639238		
2. PAYMENT DETAILS		
Payment Type (All payments over the faster payments limit will be sent as a CHAPs)  X Faster Payment (Personal, no fee. Business, tariff dependent)  CHAPs (Personal £25.00. Business tariff dependent)		
22.06.22	O THE OWN CONTROL SECTION CONTROL CONT	
. 376		
Amount £ 291.90		
Amount in Words Two hundred and ninety one pounds and ninety pence		
3. EXISTING BENEFICIARY		
3. EXISTING BENEFICIANT		
Beneficiary Name		
Metro Bank Beneficiary Ref.  BEN		
4. NEW BENEFICIARY		
Beneficiary Network Space Investments Limited		
Name  Beneficiary Sort Code  Beneficiary Account Number 2 0 0 8 9 1 1 7		
Payment Reference (if applicable) Inv.3/5718		
E QUOTOMED GIONATUDE		
5. CUSTOMER SIGNATURE	Occasion Applicant	
Primary Applicant	Secondary Applicant	
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Name	Name	
Oliver Driver	Emily McAlister	
Date 12/06/23	Date 12.06.23	

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • 

MetroBank\_Help

OPEN 7 DAYS



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

6. SECURITY CALL BACK	
We may need to call to confirm the validity of the payment instrito call.	ruction. 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	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
Nama	Name
Name	Name
Date	Date