

Outward Payment Instruction  
(Faster Payments & CHAPs)



Allied Irish Bank (GB)

V.A.M. Registered Scheme Administrator

1. Customer details

Customer Name Robinson Family SSAS

Account Number 0 4 9 1 9 0 8 8

2. Payment details

- Payment Type
- ☒ Faster Payment (No Fee)
  - ☐ CHAPs (£25.00 Fee)
  - ☐ Account To Account Transfer

Amount (GBP) 1 1 1 5 8 0 0 6

Date To Process 2 9 0 4 2 0 2 2

Amount in Words One hundred and eleven thousand, five hundred and eighty pounds and 6 pence

3. Beneficiary Information

Beneficiary Name Robinson Family SSAS

Beneficiary Sort Code 2 3 0 5 8 0

Beneficiary Account Number 4 4 9 9 6 9 6 0

Payment Reference (if applicable) Transfer to Metro Bank

4. Customer Signature

Authorised Signature

DocuSigned by:  
  
27A5F095B6E7499...  
Date: 7/6/2022

Authorised Signature

Date:

FOR INTERNAL USE ONLY

☐ ☐ ☐  
Input By:   
Signature:   
Date: D D M M Y Y Y Y

☐ ☐  
Authorised By:   
Signature:   
Date: D D M M Y Y Y Y