

International Payment Instruction

Store One South	Store One Southampton Row						
1. CUSTON	TER DETAILS						
Customer name	Seabel Pension Fund						
Customer number							
Account number 1 6 1 1 7 1 8 8							
2. PAYMENT DETAILS							
Date to be actioned	21/07/2017 Amount in figures 15000 Currency (to be sent in) GBP						
Amount in words	Fifteen Thousand Pounds Only						
3. BENEFIC	IARY DETAILS						
Beneficiary Name	MAPLESFS LIMITED						
Beneficiary Address	250 Park Avenue, 7th Floor, New York, NY 10177, USA						
Beneficiary Account Number or IBAN*	803-3830-956						
	*IBAN is required for ALL Euro payments						
Payment Reference	Carlton James Commercial Real Estate Ltd Account # 714134						
4. BENEFICIARY BANK DETAILS							
Beneficiary Bank Name	BANK OF NEW YORK MELLON						
Beneficiary Bank Address	ONE WALL STREET, NEW YORK, NY10286						
Beneficiary Bank SWIFT Code or ABA Routing Number	I R V T U S 3 N X X X						
5. INTERMED	DIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)						
Intermediary Bank Name	BANK OF NEW YORK MELLON						
Intermediary Bank Address	LONDON, ENGLAND						
Intermediary Bank SWIFT Code or ABA Routing Number	I R V T G B 2 X X X						



International Payment Instruction

(continued)

I/We pay Metro Bank charges only Beneficiary to pay all charges I/We pay all charges	6. CHARGE	S			
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: Secondary Applicant: Date 21/07/2017 Date 21/07/2017 Date 24/07/17 FOR INTERNAL USE ONLY ID&V confirmed (refer to ID&V Matrix) Staff Signature Manager Signature Name Date Date Date Exchange Rate Time received GBP Equivalent					
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: Secondary Applicant: Date 21/07/2017 Date 24/07/17 If applicable: HVT completed and attached Payment authorised or refered to CPU Manager Signature Name Date Date received Exchange Rate GBP Equivalent Time received GBP Equivalent	I/We pay Metro	Bank charges only Beneficiary to pay all	charges ✓ I/We pay all charges		
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Staff Signature Manager Signature Manager	FOR INTERNA	AL USE ONLY			
Staff Signature Manager Signature Manager	ID&V confirmed	(refer to ID&V Matrix)	If applicable:		
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Time received GBP Equivalent					
GBP Equivalent	Date received		Exchange Rate		
Charges	Time received		GBP Equivalent		
			Charges		