

## Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER D	ETAILS
Customer/ Business Name	/entures Limited SSAS
Debit Account Number 4466	68149
2. PAYMENT DE	TAILS
	ents over the faster payments limit will be sent as a CHAPs) rsonal, no fee. Business, tariff dependent) CHAPs (Personal £25.00. Business tariff dependent)
Payment Date 05.	.11.24
Amount £ 1,28	7.50.
Amount in Words One the	ousand two hundred and eighty seven pounds and fifty pence
3. EXISTING BE	NEFICIARY
Beneficiary Name	
Metro Bank Beneficiary Ref.	
4. NEW BENEF	ICIARY
Beneficiary HMR	RC
Account Type	Personal Account Business Account
Beneficiary Sort Code	- 3 2 - 0 0 Beneficiary Account Number 1 1 9 6 3 1 5 5
Payment Reference (if applicable)	94484551
Payment Reference	
Confirmation of Payee Outcome Understood (internal use only)	Match Close Match No Match Not Checked
5. CUSTOMER	SIGNATURE
Primary Applicant	Secondary Applicant
	Ensort
Name	Name
Mr. T. P.	LALSTON Emily McAlister
Date 5	5 / 11 /2024 Date 05.11.24
	pq



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

Ve may need to call to confirm the validity of the payment ou would like us to call.	instruction. Please detail below the authorised signatories from the bank mandat
Full Name Mr. THOMAS RALSTE	
full Name	
Please note if the account is two to sign we will need to spe	eak with two of the authorised signatories.
FOR INTERNAL USE ONLY	
TOR INTERIOR SECTION	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
Signature varies however I have verified the customer via system held photo	
Inputter Signature	Manager Signature
Name	Name
Name	Name
Name	Name