



**Bank of St. Helena**

www.sainthelenabank.com

# PAYMENT INSTRUCTION FOR BENEFICIARIES OUTSIDE UK

*NB: This form can only be used to make payments in Sterling (GBP)*

**PLEASE MAKE THE FOLLOWING PAYMENT BY:**

(shaded fields indicate mandatory information, except for drafts)

**DRAFT** (fields 1-3)

**STANDARD** (3-7 day val)

**EXPRESS** (1-3 day val)


(Fields)

1 **CURRENCY / AMOUNT:**  
GBP

2 **BENEFICIARY:**

3 **ADDRESS:**

4 <b>NAME/ADDRESS OF BANK:</b>	<b>SWIFT/I-BAN CODE:</b>
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5 <b>INTERMEDIARY BANK:</b>	<b>SWIFT/I-BAN CODE:</b>
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6 **BENEFICIARY A/C NUMBER:**

7 **INFORMATION FOR BENEFICIARY:**

8 **NAME OF REMITTER:**



<b>CUSTOMER NAME:</b>	<b>AUTHORISED SIGNATURE(S)</b>
<b>BANK OF ST HELENA ACCOUNT NUMBER:</b>	
	1)
	2)
	<b>DATE:</b>

<b>AMOUNT OF REMITTANCE</b> £	<b>BANK USE ONLY</b>
<b>PLUS CHARGES</b> £	
<b>TOTAL DEBIT</b> £	
	BSH REF
	LLOYDS REF
	INPUT BY
	AUT'ISED BY