

Scheme Name .....

Beneficial Owner Name .....

Investor Type .....

No.	Payment Description	Amount	Invoice attached
1			
2			
3			

**Note:**

Payment cannot be discharged without supporting invoices being provided from the third party providers.  
Bank account details including IBAN should also be provided if not on the invoice.

**Authorisation**

- I authorise Quest to transfer the sum(s) noted above in respect of fees/expenses incurred in relation to my Quest SAPS / A(M)RF / PRB / SIPP.
- I confirm that these fees relate totally and fully to work carried out on behalf of the above named scheme.
- I hereby release, indemnify and hold harmless Quest Capital Trustees Ltd from any and all liability in connection with and arising from this instruction.
- I confirm that I have no other interest in this transaction and that it is wholly at arm's length from me and any persons connected to me as defined in Section 10 of the Taxes Consolidation Act 1997.

Signature of  
Beneficial Owner

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_