

Junior ISA External Transfer

For use by private individuals based in Wales only.

Important: Before completing this form please read the specific conditions for each and every account you are opening and the 'General Terms and Conditions for the operation of Savings Accounts' leaflet. These provide important information about your account with the Society. In addition please read the form 'Proving Your Identity'. Please complete this form using BLOCK CAPITALS and then read and sign the Declaration on the reverse. If you require any assistance in completing this form, please call our savings department on 01792 483702.

SWANSEA
BUILDING SOCIETY

Established 1923

www.swansea-bs.co.uk

Applicant -

Title (Mr/Mrs/Etc.)	
Forename(s) in full	
Surname	
Current Address	
	Postcode
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Home Phone (+ Code)	
Work Phone (+ Code)	
Mobile Phone (+ Code)	
email Address	
Nationality	
Are you an existing customer? (Y/N)	

I apply to become the registered contact for -

Child's Title (Mr/Miss)	
Forename(s) in full	
Surname	
Child's Current Address	
	Postcode
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Nationality	
Are you an existing customer? (Y/N)	
Do you have a National Insurance (NI) Number ? (Y/N)	
If Yes, you must enter it here	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current JISA provider	
Type of JISA with the current provider CASH (cash or stocks and shares)	

Declaration

I declare and agree that:

- I am 16 years of age or over.
- I am the child / I have parental responsibility for the child.
(Delete which does not apply).
- I will be the registered contact for the JISA.

I authorise Swansea Building Society

- to hold the child's subscriptions, JISA investment, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- to make on the child's behalf any claims to relief from tax in respect of JISA investments.

I agree to the JISA terms and conditions.

I confirm that to the best of my knowledge and belief the information on this form is true.

Signed		Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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For Society use only

Account Title		Customer Number(s)	
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Scanned	
Initials		Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>