

# first direct cash ISA Transfer Request

# first direct

firstdirect.com  
08 456 100 100

## Personal Details

It is important that you complete this form to enable us to process your application. Please complete in black ink and use **BLOCK CAPITALS**. In other cases please tick clearly the boxes required. If you need any assistance with the completion of your application call on **08 456 100 100**. Please note that the use of liquid paper could invalidate this application form (**please initial all alterations**).

Title	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>		
Full Permanent Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

A temporary National Insurance Number may be issued, for example where yours has been lost, or if you have recently returned from a period abroad. These are usually issued in the format TN999999M or 99Y99999. If you have a temporary National Insurance Number, please complete this form as if you do not have a National Insurance Number.

do you have a National Insurance Number?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If 'yes' please enter it here:	<input type="text"/>
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You should be able to find your National Insurance Number on a payslip, form P45 or P60, a letter from HM Revenue & Customs, a letter from the DWP, or pension order book.

### Please Note

You cannot transfer a stocks and shares ISA into a cash ISA, however you can transfer a cash ISA into a stocks and shares ISA. This application is only intended for the transfer to a cash ISA. If you wish to transfer to a stocks and shares ISA, please contact us on **08 456 100 104**.

Have you subscribed this tax year, into the ISA you are transferring?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### I declare that:

I apply to transfer my existing ISA as detailed on page 3 of this application to the **first direct** cash e-ISA.

- I am 18 years of age or over
- I have read and understood the cash ISA brochure and agree to the cash e-ISA Terms and Conditions of which I have received a copy
- Any information provided in respect of this application has been completed to the best of my knowledge and belief and I will notify **first direct** without delay of any changes in my circumstances affecting any of the information given in this application. Where information I have provided relates to other people, I declare I am authorised by them to disclose that information and to accept the terms and conditions on their behalf.

I authorise **first direct**:

- To hold my cash subscription and any interest earned by those subscriptions
- To make on my behalf, any claims to relief from tax in respect of ISA investments.

Signed ..... Date .....

**Note:** If you are not the applicant, but are signing on behalf of the applicant, please enter your name below and describe the legal capacity in which you are signing this form.

If you are applying for an ISA transfer for someone else, please note that you are only entitled to sign this form under the following circumstances:

1. If the applicant is mentally or physically incapacitated and you are the applicant's appointed attorney then a Property and Affairs Lasting Power of Attorney must be registered with the Office of the Public Guardian (Enduring Powers of Attorney made prior to 1st October 2007 must be registered with the Court of Protection where the applicant is mentally incapacitated). Alternatively you may be appointed as a deputy by the Court of Protection. A certified copy of the Power of Attorney or a stamped copy of the Court of Protection Order will be required in order to process the application.
2. Or you have a valid Power of Attorney granted for convenience. A certified copy of the Power of Attorney will be required and must have been granted within the last twelve months.

Name: ..... Capacity: .....

If you are signing the form as attorney because the applicant is physically incapacitated, please tick this box.

If you are signing the form as attorney because the applicant is mentally incapacitated, please tick this box.

If you are signing the form as attorney granted for convenience, please tick this box.

### Bank Use Only

Cash Account Number	<input type="text"/>	Date Opened	<input type="text"/>
Stocks & Shares Number	<input type="text"/>	Date Opened	<input type="text"/>
C.I.N.	<input type="text"/>		

## Declaration and Agreement

We will tell you if your application has been successful and when we will open your account.

### Your Information

We may share information with credit reference agencies (CRAs) to verify your identity and suitability for an account, using information from the Electoral Register and other public sources. If you apply for a current account or credit, we may use details of your credit history to assess your ability to meet your financial commitments.

If your application is for a current account or credit, the CRAs will record details which will form part of your credit history whether or not you proceed with your application and if you make several applications within a short period of time, this may temporarily affect your ability to obtain credit. Where you have agreed, we may share details of how you manage any current accounts or borrowing from us with CRAs.

If we make demand for repayment following default and you fail to repay the sum due in full or to make and keep to acceptable proposals for repayment within 28 days, we may (in the absence of any genuine dispute about the amount owed) register the default with the CRAs which may affect your ability to obtain further credit.

If you make a joint application for a current account or credit, an 'association' linking your financial records with those of your fellow applicant(s) will be credited by the CRAs. The credit history of your 'associates' may be taken into consideration in any future application for credit. The 'association' will continue to link your credit histories unless and until you successfully file a 'notice of disassociation' with the CRAs.

### Crime Prevention and Debt Recovery

To prevent crime, verify your identity, recover debt and to meet our legal obligations, we may exchange information (both within the UK and, where appropriate, overseas) with other members of the HSBC Group and where appropriate, with fraud prevention, law enforcement, debt recovery agencies and other organisations including other lenders.

If you give us false or inaccurate information and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

### Data Processing

The HSBC Group may use and share relevant information about you, your transactions and your relationships with the HSBC Group for credit assessment, customer service, market research, insurance, audit and administrative purposes. This may include information provided by you, or someone acting on your behalf. Where appropriate (for example if you have relationships with other HSBC Group companies in other countries), this information may be shared with HSBC Group companies outside the UK.

We may use other HSBC Group companies and/or third parties to provide services on our behalf which may include the processing of information about you.

Whether it is processed in the UK or overseas, in accordance with data protection legislation, your information will be protected by a strict code of secrecy and security which all members of the HSBC Group, their staff and any third parties are subject to.

Information may also be processed for the purposes of complying with applicable laws, including anti-money laundering and anti-terrorism laws and regulations and fighting crime and terrorism. This may require the disclosure of information to a UK or overseas governmental or regulatory authorities or to any other person we reasonably think necessary for these purposes.

### Information about Products, Services and Promotions

With your permission, the HSBC Group may use and share relevant information about you, your transactions and your relationships with the HSBC Group, to give you information about products, services (including mortgages) and promotions available from HSBC Group companies and those of selected third parties which may interest you by post, telephone, electronic and other means.

The HSBC Group may also exchange, analyse and use relevant information about you in the way described above to ensure that promotional content displayed to you on screen when you log on to HSBC Group websites is more likely to be relevant and of interest.

If you do not want us to contact you about such products and services or use what we know about you to help decide what we display to you on our websites, please let us know.

By completing this application you will be consenting to the use of your information for this **unless** you tick the appropriate box(es) below to indicate that you do not wish to receive such information;

post       email       telephone       mobile message       secure e-message

By signing this application, you agree that we can use your information in the way set out above and in our Terms and Conditions.

# ISA Transfer Request Form

# first direct

firstdirect.com

08 456 100 100

## Your Information

Title  Surname

Forename(s)

Full Permanent Address

Postcode

Date of Birth 

d	d	m	m	y	y	y	y
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 National Insurance Number: eg: 

A	A	1	2	3	4	5	6	A
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## Details about the ISA you want to transfer

Name of existing ISA Manager:

ISA Sort Code: 

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 ISA Account Number:

ISA Roll Number (if applicable):

**The ISA Regulations state that current tax year subscriptions to a cash ISA must be transferred as a whole. Partial transfers of current tax year subscriptions to a cash ISA are not allowed.**

If you are transferring the current tax year subscriptions please tick this box.

How much have you subscribed this current tax year? Please confirm amount. £  p

Previous tax year(s) subscriptions to a cash ISA can be transferred in whole or in part. Please indicate which of the following is to be transferred.  The entire ISA  Part of the ISA

If you are transferring part of your cash ISA please state the amount to be transferred. £  p

## Your Transfer Authority (please sign and date)

I authorise my existing ISA Manager (as specified above) to transfer the ISA (account number above) to **first direct**. I authorise my existing ISA Manager to provide **first direct** with any information, written or verbal, concerning the cash ISA and to accept any instructions from them relating to the cash ISA being transferred.

Where a period of notice is required for closure/part transfer of the existing cash ISA, I give my consent to either:  
[ISA investor to tick as appropriate]

1. Serve the full notice period before this instruction can be processed.
- or
2. Proceed immediately with the transfer bearing any consequential penalty which may be applied.

Signed ..... Date .....

## Transfer Acceptance (to be completed by new ISA Manager)

In circumstances where the funds to be transferred are not cash deposits, please notify us as we will not be able to accept the transfer. Otherwise we, **first direct** are willing to accept this investor's cash ISA funds, subject to HMRC rules (the ISA Regulations), We deem the date shown below to be the transfer date of this cash ISA.

Name: **first direct** Date:

Address: 40 Wakefield Road  
Leeds  
LS98 1FD