

Application Form for Junior ISA



Protected



Account Number:

Please ensure all details are completed in full in **BLOCK CAPITALS** and tick boxes where applicable. This application form is for persons opening an account on a Child's behalf as the Registered Contact and should be completed using **BLACK INK**. Boxes marked with an asterisk (*) must be completed. Failure to complete these boxes will result in the application form being returned to you.

Please write the initial amount you are investing (please note the maximum sums allowed under JISA Regulations).

Junior Cash ISA Initial Deposit:

£

Make cheques payable to the child.

Applicant 1 (Child as beneficial owner)

Title (Mr/Mrs/Miss/Ms/other):

Date of Birth:

First Name(s):

NI Number:

Surname:

Tel Number Home:

Address:

Tel Number Mobile:

Email:

*Nationality:

*Country of Residence:
(see terms overleaf)

Applicant 2 (Registered Contact)

Title (Mr/Mrs/Miss/Ms/other):

Date of Birth:

First Name(s):

NI Number:

Surname:

Tel Number Home:

Address:

Tel Number Mobile:

Email:

*Nationality:

*Country of Residence:
(see terms overleaf)

What is your preference as to how you are contacted, i.e. telephone, mobile, email or post:

If you are an existing Society member please give your account number.

Applicant 1:

Applicant 2:

Please note interest will be capitalised and paid annually on the 1 January each year.

OFFICE USE ONLY - AML Checks

Branch/Department:

Confirmation of Identity (for acceptable forms of ID see the Proving your identity leaflet).
Please ensure copies are obtained and attached to the application form.

Applicant 1

| | ID Type | Reference Number |
|-----|----------------------|----------------------|
| ID1 | <input type="text"/> | <input type="text"/> |
| ID2 | <input type="text"/> | <input type="text"/> |
| ID3 | <input type="text"/> | <input type="text"/> |

A utility bill or other document from list B in 'Proving Your Identity' leaflet from parent or guardian (to prove child's address).

| ID Type | Reference Number |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Applicant 2

EID Verified: Reference:

(Paper ID to be obtained and recorded below where EID fails to verify the customer).

| | ID Type | Reference Number |
|-----|----------------------|----------------------|
| ID1 | <input type="text"/> | <input type="text"/> |
| ID2 | <input type="text"/> | <input type="text"/> |
| ID3 | <input type="text"/> | <input type="text"/> |

Completed by: Date of Completion:

Application Form Verification

Assistant Signature: Date of Completion:

Account

| A/C Type | Hold Codes |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

| | NINO/DOB | Signature | ID | Marketing Flag | Customer Usage Code NO |
|-------------|----------------------|----------------------|----------------------|----------------------|------------------------|
| Applicant 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Applicant 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |