

CASH ISA TRANSFER AUTHORITY FORM

Head Office, Mardall House, 9-11 Vaughan Road, Harpenden, Hertfordshire, AL5 4HU (Inland Revenue Reference: Z1047) memberservices@harpendenbs.co.uk

Information about the investor (to be co	ompleted by the ISA investor)		
Title:			
First name(s):	Surname:		
Date of birth:	National Insurance number:		
Permanent home address:			
HBS Account Number (if known):			
Contact Tel. No. (inc. area code):			
Name of existing ISA provider: Address of existing ISA provider: Sort Code: Account number: Roll number (if applicable):			
1. Do you want to transfer all or part of this cash ISA?	☐ All ☐ Part		
2. Have you subscribed to this cash ISA in the current t			
If you have answered YES to Q2, please confirm the year	amount you have subscribed this £		
4. If you answered YES to Q2 and are transferring part include the subscription from the current tax year?	of your ISA, do you want to \square Yes \square No \square N/A		
Please note that the amount in your account represe transferred in whole and not in part.	enting current tax year subscriptions can only be		
5. If you are asking to transfer part of your ISA, please want to transfer:	say how much of your cash ISA you £		
Or, if you only want to transfer your subscriptions from	the current tax year please tick here		

Transfer Authority (to be completed by the ISA investor)							
I authorise my existing ISA pro	my existing ISA provider to transfer the ISA (account number above) to Harpenden Building Society. my existing ISA provider to provide Harpenden Building Society with any information about the cash ISA pt any instructions from them relating to the cash ISA being transferred.						
_	There I must give notice to close or transfer part of the existing cash ISA, or the existing cash ISA contains a fixed- erm deposit that has not reached its maturity date, I instruct my existing ISA provider to either:						
1. Wait for the full notice period with this transfer. ☐	Wait for the full notice period to end or wait until the maturity date (whichever is relevant) before going ahead ith this transfer. \Box						
Or							
2. Depending on the terms and consequential loss of interest o			on as possible – I will a	accept any			
Signed:							
Date:							
Transfer Acceptance (to be complet	ed by new ISA	provider)				
We are willing to accept this IS conditions are met.	SA transfer in line wi	th the customer's ins	structions above, as lor	ng as the following			
The transfer proceeds ar	re made up of cash	deposits only.					
We must receive the tran	nsfer proceeds no la	ter than:	,				
Where the customer has must not be more than £			subscriptions from the	current tax year, these			
For the purposes of the transfe transfer date.	er of the ISA wrappe	er under the ISA regi	ulations, the date show	n below will be the			
Date:				······			
Head Office, Mardall House, 9-11 Vaughan Road, Harpenden, Hertfordshire,							
AL5 4HU							
Office use only							
Data received	CIN	Customer verified	Date completed	Staff initial			