

ISA APPLICATION FORM – TRANSFER IN

1. Personal Details

Full name	
Date of birth	DD / MM / YYYY
Permanent residential address (including postcode)	
National insurance number/pension number	■ ■ ■ ■ ■ ■ ■ ■ ■ ■

I authorise SG Kleinwort Hambros Bank Limited to transfer in my Individual Savings Account from my Existing ISA Manager.

I declare that:

- I am 18 years of age or over
- I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of section 28 of Income Tax (Earning & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married, or in a civil partnership with, a person who performs such duties. I will inform SG Kleinwort Hambros Bank Limited if I cease to be so resident and ordinarily resident, or to perform such duties, or be married to, or in a civil partnership with, a person who performs such duties. This application has been completed to the best of my knowledge and I will inform SG Kleinwort Hambros Bank Limited of any changes in circumstances affecting the information contained in this form. I agree to all the Terms and Conditions attached.
- I hereby authorise SG Kleinwort Hambros Bank Limited to hold my cash, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash. Furthermore, I authorise SG Kleinwort Hambros Bank Limited to make on my behalf any claims to tax relief in respect of ISA investments and on my written request to transfer or pay to me as the case may be ISA investments, interest, dividends, rights or other proceeds in respect of such investments or any cash relating to the Account. I note that SG Kleinwort Hambros Bank Limited reserves the right to alter commission rates and charges. This application has been completed to the best of my knowledge and I will inform SG Kleinwort Hambros Bank Limited of any changes in circumstances affecting the information contained in this form. I agree to all the terms and conditions attached.

Signature	Date	DD / MM / YYYY
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2. Transfer Authority

Existing ISA Manager's name	
Existing ISA Manager's address	
ISA Account number	

Please take this as my authority and instruction to transfer this ISA from the above mentioned Existing ISA Manager to SG Kleinwort Hambros Bank Limited in the form of:

Stock

Cash

Signature	Date	DD / MM / YYYY
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