

Individual Savings Account (ISA)

Transfer Authority Form

Please complete this Transfer Authority Form in **BLACK INK** and **BLOCK CAPITALS**.

To: (existing Account Manager)

Please accept this as my authority to transfer my existing ISA(s) managed by you under the following Account Number(s):

1

2

3

4

to Kleinwort Hambros, 5th Floor, St James's Square, London SW1Y 4JU in accordance with the instructions set out in their letter of acceptance.

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Forename(s)

Surname

Residential address

Postcode

Country

Kleinwort Hambros reference

Date of birth DD / MM / YYYY

Signature

Date DD / MM / YYYY

Important Information

Kleinwort Hambros is the brand name of SG Kleinwort Hambros Bank Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The firm reference number is 119250. The company is incorporated in England and Wales under number 964058 and its registered address is 5th Floor, 8 St James's Square, London SW1Y 4JU.

Contact details for UK enquiries:

T. +44 (0)20 7597 3400

E. enquiries@kleinworthambros

For details of our services and general information about Kleinwort Hambros please visit www.kleinworthambros.com