

X-O Transfer Form

USE THIS FORM TO TRANSFER AN EXISTING ACCOUNT HELD WITH ANOTHER MANAGER
Please use a separate form for each Account Manager

1. Transfer Form

TO BE COMPLETED BY ALL APPLICANTS

Investor Details

1st Applicant 2nd Applicant

Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	<input type="text"/>
Investment Club Name <small>(if applicable)</small>	<input type="text"/>	<input type="text"/>
Company Name <small>(if applicable)</small>	<input type="text"/>	<input type="text"/>
Permanent residential address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Telephone (Home)	<input type="text"/>	<input type="text"/>
Telephone (Work)	<input type="text"/>	<input type="text"/>
Telephone (Mobile)	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	
Contract Notes by email <input type="checkbox"/> or post <input type="checkbox"/> (✓ one box)		

Debit Card Details

Please complete this form where you intend to give instructions to make payment by Maestro or Visa/Delta Card on your account and you would like us to keep a record of your card details.

Debit card details for processing payment



Card Type: Maestro Visa/Delta (✓ one box)

Card No (Centre No.)

3 digit security code

Name on card

Valid from / / Expiry date / /

Issue number (Maestro only)

Bank Account Details

Name of Bank

Sort code

Account number

I confirm that this is a UK bank account held in the name of (✓ please tick)

Quarterly income facility (✓ if required)

Now please complete Section 2 to transfer a Nominee account
AND / OR Section 3 to transfer an ISA

2. Nominee Account Transfer

ONLY TO BE COMPLETED BY THOSE WISHING TO TRANSFER A DEALING ACCOUNT

Existing Account Manager Details

Name of Company

Permanent business address

Postcode Telephone

Account Number

I hereby authorise you to transfer this account to to Jarvis Investment Management Ltd on their written instruction to do so and provide such information regarding my above specified Account which they may require.

I wish to transfer my account in cash in shares (✓ one box)

Please read the Money Laundering and Authorisation section carefully before signing below.

Signed Date

3. ISA Transfer

ONLY TO BE COMPLETED BY THOSE WISHING TO TRANSFER AN ISA

Existing ISA Manager Details

Name

Address

Postcode Telephone

ISA Account Number

I hereby authorise you to transfer this account to Jarvis Investment Management Ltd on their written instruction to do so and provide such information regarding my above specified Account which they may require.

I wish to transfer my account in cash in shares (✓ one box)

Signed Date

Money Laundering

You may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

Authorisation

I confirm that the information is true and complete and authorise the Account Manager to make any credit reference and enquiries in connection with this application. I have read, understood and acknowledge the risk warning issued by the Account Manager. I agree to be bound by the enclosed Terms and Conditions.

On completion please return to: The Account Manager, Jarvis Investment Management Ltd, 78 Mount Ephraim, Tunbridge Wells, Kent TN4 8BS.
Additional forms are available on request.