

## Junior ISA (JISA) Transfer Form

## Applicants must fully complete all sections.

If you have any queries about opening an account please call us on 01892 700836

In order to **protect your personal information** when sending back your form we recommend you use a recorded or tracked mail service.

This Transfer Form must be completed by the registered contact for the JISA account	JISA Account number
A Junior ISA must be opened and an account number confirmed prior to the this Transfer Form being completed and submitted	Name of JISA Provider
If, for any reason, the transfer from the JISA is not successful, any JISA that has been opened on a provisional basis to accept the transfer will be invalid, and any subscriptions to the provisional JISA will be returned. The JISA will remain intact.	Address of JISA Provider
Applicants Details (Registered contact)	
Title (eg. Mr/Mrs/Dr etc)	Postcode
Full Name	I wish to transfer the JISA (✔ Please tick as applicable) in Stock Cash Both
Permanent residential address	JISA account number to which the JISA is being transferred
	Declaration
Postcode	I declare that I am the registered contact for the JISA I authorise Jarvis Investment Management Ltd:
Contact Telephone Number	<ul> <li>To hold the child's subscriptions, investments, interest, dividends and any other rights or proceeds</li> </ul>
Email	<ul><li>in respect of those investments and cash, and;</li><li>To make on behalf of the child any claims to relief</li></ul>
I wish to transfer a JISA for:	from tax in respect of JISA investments
Child's Title (if any)	I understand that the following stakeholder JISA
Child's Full Name	features may not be included in a Junior ISA:  • Lifestyling from the age of 15
Child's Address	<ul> <li>Minimum subscriptions of £10 allowed</li> <li>Annual charge cap of 1.5%</li> </ul>
	Signed
Postcode	Date
Child's Date of Birth	

Please return the signed application form to:

Jarvis Investment Management Ltd, 78 Mount Ephraim, Tunbridge Wells, Kent TN4 8BS