

## **Cash ISA Transfer Authority Form**

Please complete this form to transfer into a Cash ISA from an existing Cash ISA held with another provider. Please complete a separate form for each ISA transfer request.

This form can be completed electronically, saved, and printed. A signature must be added. If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.

1. Personal Detail	s (to be com	pleted by	the ISA investor)									
Title	First Name(s)				S	urname						
Permanent Residential Address	ldress			Date of	Date of birth DDMMYYYY							
					Nationa	al Insurance Number						
		Postcode			or P60, a	You should be able to find your National Insurance Number on a payslip, P45 or P60, a letter from HM Revenue and Customs, a letter from DWP or pension order book.						
Home Telephone Mob				] Mobile Number								
Individual investors remain responsible for managing their overall subscription limits. This means individual investors must ensure that collectively the total subscriptions remain within the overall ISA limit for the tax year.												
2. Details of the C	ash ISA to b	e transferi	ed									
Name of existing ISA	A Manager											
Full address of exist ISA Manager	ing											
			Pos	tcode								
Sort Code			Account Number			-						
Roll Number (if appl	icable)											
Are you transferring the full balance and closing the account Yes No												
Amount to be transferred from previous tax year Estimated value: 🗜												
Amount to be transferred from current tax year Estimated value: £												
2 Transfer sutherity (to be completed by the ICA investor)												

## 3. Transfer authority (to be completed by the ISA investor)

I authorise my existing ISA Manager (as specified above) to transfer the ISA (account number above) to Chorley and District Building Society. I authorise my existing ISA Manager to provide Chorley and District Building Society with any information, written or non-written, concerning the cash ISA and to accept any instructions from them relating to the cash ISA being transferred,

Where a period of notice is required for closure/part transfer of the existing cash ISA, I give my consent to either. (ISA investor to tick as appropriate)

1. Serve the full notice period before this instruction can be processed; OR

2. Proceed immediately with the transfer and bearing any consequential penalty which may be applied		

Signature:

Cash\_ISA\_Transfer\_Auth\_form\_v3\_0424

Date:	D	D	Μ	М	Y	Y

## 4. Transfer Acceptance (to be completed by new ISA Manager)

In circumstances where the funds to be transferred are not cash deposits, please notify me as I may not be able to accept the transfer. Otherwise I Chorley and District Building Society am willing to accept this investor's cash ISA funds, subject to HMRC rules (the ISA regulations). I deem the date shown below to be the transfer date of this cash ISA.

Date:	DD MM YYYY	Address	
Name			
E-mail			Postcode
Telephone			

Head Office address: Key House, Foxhole Road, Chorley, PR7 1NZ. Telephone 01257 235003. www.chorleybs.co.uk

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