

Application Form for Junior ISA



Protected



Account Number:

Please ensure all details are completed in full in **BLOCK CAPITALS** and tick boxes where applicable. This application form is for persons opening an account on a Child's behalf as the Registered Contact and should be completed using **BLACK INK**. Boxes marked with an asterisk(*) must be completed. Failure to complete these boxes will result in the application form being returned to you.

Please write the initial amount you are investing (please note the maximum sums allowed under JISA Regulations).

Junior Cash ISA Initial Deposit £ **Make cheques payable to yourself.**

Applicant 1

(Child as beneficial owner)

Applicant 2

(Registered Contact)

*Title (Mr/Mrs/Miss/Ms/other)	<input type="text"/>	*Title (Mr/Mrs/Miss/Ms/other)	<input type="text"/>
*First name(s):	<input type="text"/>	*First name(s):	<input type="text"/>
*Surname:	<input type="text"/>	*Surname:	<input type="text"/>
*Address:	<input type="text"/>	*Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
*Postal Town:	<input type="text"/>	*Postal Town:	<input type="text"/>
*County:	<input type="text"/>	*County:	<input type="text"/>
*Postcode:	<input type="text"/>	*Postcode:	<input type="text"/>
*Date of Birth:	<input type="text"/>	*Date of Birth:	<input type="text"/>
*NI Number (if known):	<input type="text"/>	*NI Number:	<input type="text"/>
*Tel Home:	<input type="text"/>	*Tel Home:	<input type="text"/>
Tel Mobile:	<input type="text"/>	Tel Mobile:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
*Nationality:	<input type="text"/>	*Nationality:	<input type="text"/>
*Country of Residence: (see terms overleaf)	<input type="text"/>	*Country of Residence:	<input type="text"/>

What is your preference as to how you are contacted, i.e. telephone, mobile, email or post:

If you are an existing Society member please give your account number.

Applicant 1:

Applicant 2:

Please note interest will be capitalised and paid annually on the 1 January each year.

IDENTIFICATION REQUIREMENTS

Proof of identity is required for all applicants before we can open an account. Please see our 'Proving Your Identity' leaflet for full details.

AGREEMENT TO ASSIGN

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 23 JANUARY 2000 AND HAVE KEPT A SHARE ACCOUNT EVER SINCE THAT DATE, THE WORDING IN PARAGRAPHS 1 TO 3 BELOW DOES NOT APPLY TO YOU. PLEASE LIST YOUR SHARE ACCOUNT NUMBER(S).

1. By applying to open a share account on or after 24 January 2000, I agree with the Society and the Charities Aid Foundation ("the CAF") that I will assign to the CAF (or to any charities nominated by it or by the Society under the provisions of a deed dated 21 January 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charities, but to no other person) the rights to any relevant conversion benefits (defined below). This obligation will not apply to me if I fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me.

I understand that neither the Society nor the CAF will release me from this agreement or vary its terms and (except as set out in paragraph 2 below) I will continue to be bound by the above condition even if the Society decides at some time in the future (and announces any such decision by press release) that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.

- 2(a). "Relevant conversion benefits" means any benefits to which I might become entitled as a shareholding member of the Society under the terms of any further transfer of the Society's business to a company (i.e. on a conversion or takeover) which is completed at any time within the five years immediately following the date on which my share account is opened. "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or takeover.
- 2(b). If the Society merges with any other society after the date of such merger, the "Society" includes such other society.
3. I authorise the Society to pass to the CAF such information relating to me and my accounts with the Society as the CAF may reasonably require in order to administer this agreement to assign and the relevant conversion benefits and for no other purpose. I consent to both the Society and the CAF holding and processing such information for such purposes.

A list of the classes of persons which the Society currently wishes to be excluded from the obligation to assign (which list may change from time to time but not with retrospective effect) is available on request from the Society's Secretary at its principal office.

DATA PROTECTION LEGISLATION

The Data Controller is Leek United Building Society, whose principal office is 50 St. Edward Street, Leek, Staffordshire, ST13 5DL.

The information you are supplying will be held by the Society and used for market research purposes, developing goods and services, statistical and business analysis, customer servicing and administration. Your information may be passed to other companies within the Leek United group for the purposes stated above.

This information may be held during the life of the account and for administration reasons after the account has closed.

Under data protection legislation you are entitled to receive a copy of personal information held about you, have inaccurate data corrected, restrict the purposes for which your personal data is used and in certain circumstances the right to your data being erased. Further information regarding how we manage your data can be found within our Privacy Notice which can be found at leekunited.co.uk/privacy/, or alternatively can be requested from any of our branches or by writing to the address above.

If you would like to obtain information held about you, please write to the address above.

MARKETING PREFERENCES

We would like to use the contact details you provide us to keep you up to date with our latest news and offers, ranging from Member benefits through to information on our products and services we feel may be of interest to you. We'll always treat your personal details with the greatest of care, and will never pass them onto any other companies for marketing purposes. If you would like to receive marketing promotions from us, just tick any of the following, as we want to contact you via your preferred channels:

Applicant 2 (Registered Contact) Post Email Telephone SMS

See our privacy policy, leekunited.co.uk/privacy/, for more about how we use your information. Don't forget you can opt out of marketing at any time by telephone, email or visiting one of our Branches.

Declaration

(a) I apply to open a JISA for

Full name of child

- (b) The child named above will be the beneficial owner of the account investments.
- (c) I am 16 years of age or over (registered contact).
- (d) I am the child/I have parental responsibility for that child (delete as appropriate).
- (e) I/the child does not have a Child Trust Fund.
- (f) I will be the registered contact for the Junior ISA.
- (g) The child is resident and ordinarily resident in the UK, or is a UK Crown servant, a dependant of a UK Crown servant or is married to/in a civil partnership with a UK Crown servant.
- (h) I have not subscribed and will not subscribe to another Junior ISA of this type for this child.
- (i) I am not aware that this child has another Junior ISA of this type.
- (j) I am not aware of other Junior ISA subscriptions that will result in this child exceeding the annual limit.
- (k) I will not knowingly make subscriptions to Junior ISAs for this child that will result in the subscription limit being exceeded.
- (l) To the best of my belief the information on this form is true.
- (m) I confirm that I have read the product literature relating to the account, and that I have received and read the Statement of Practice Investors leaflet and agree to be bound by the terms and conditions contained therein as well as the Rules of the Society (copies of which are available on request) and any subsequent Terms and Conditions specific to the product I have chosen and Rules applicable at that time.
- (n) I declare that any share(s) acquired by me under this account will not be held by me as a bare trustee for a body corporate, or for persons who include a body corporate.
- (o) I agree to be bound by the conditions relating to the Agreement to Assign as described above.
- (p) I confirm this information is correct and I understand that I may request in writing, a copy personal information held about me by the Society.

I authorise Leek United Building Society

- To hold the child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- To make on the child's behalf any claims to relief from tax in respect of JISA investments.

I confirm I have received the Financial Services Compensation Scheme Information and Exclusions Sheet.

Signature

Date

OFFICE USE ONLY - AML Checks

Branch / Department:

Confirmation of Identity (for acceptable forms of ID see the Proving your identity leaflet).
Please ensure copies are obtained and attached to the application form.

Applicant 1

	ID Type	Reference Number
ID1	<input type="text"/>	<input type="text"/>
ID2	<input type="text"/>	<input type="text"/>
ID3	<input type="text"/>	<input type="text"/>

A utility bill or other document from list B in 'Proving Your Identity' leaflet from parent or guardian (to prove child's address).

ID Type	Reference Number
<input type="text"/>	<input type="text"/>

Applicant 2

EID Verified Reference

(Paper ID to be obtained and recorded below where EID fails to verify the customer).

	ID Type	Reference Number
ID1	<input type="text"/>	<input type="text"/>
ID2	<input type="text"/>	<input type="text"/>
ID3	<input type="text"/>	<input type="text"/>

Completed by

Date of Completion

Application Form Verification

Assistant Signature

Date of Completion

Account A/C Type Hold Codes

	NINO/DOB	Signature	ID	Marketing Flag
Applicant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>