# JUNIOR CASH ISA TRANSFER FORM

Registered Contact Details (if any)

Title (if any) …… Full name……

Address ……..

……Post Code……..…

I apply to transfer a JISA for

Child's title (if any) …… Full name……....

Child's address ……

…… Post Code……...

Child's date of birth ……Child's NINO (if they have one) ……

Current JISA provider ……..

Type of JISA with the current provider (cash or stocks and shares)……..

**Please note we can only accept transfers in of Junior Cash ISA's and the whole account must be transferred.**

I declare that

- I am 16 years of age or over
- I am the child /I have parental responsibility for that child (delete which does not apply)
- I am the registered contact for the JISA

I authorise Leek 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 behalf of the child any claims to relief from tax in respect of JISA investments.
- I agree to the JISA terms and conditions.

Signed..... Date.....

**For Office Use**
Leek Building Society JISA Account Number ……