

ISA TRANSFER APPLICATION SAXO ISA

Please complete a transfer application for each ISA transfer and post to ISA Transfer Team, SCML, 26th Floor, 40 Bank Street, Canary Wharf, London E14 5DA*.

*Please note we require a wet signature for transfers

Please complete in block capitals

Saxo Capital Markets UK Limited is authorised and regulated by the Financial Conduct Authority, Firm Reference Number 551422 and approved by HM Revenue & Customs ("HMRC") as an approved ISA Manager (Z1849).

This ISA form must be completed in addition to the ISA application.

PERSONAL INFORMATION		
Surname	Date of Birth	
Forename	Title	Marital Status
Do you have a National Insurance Number? <input type="checkbox"/> Yes, please provide details below <input type="checkbox"/> No		

NI No									
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You should be able to find your NI number on a payslip, a P45 or P60 form, a letter from the HM Revenue & Customs ("HMRC"), a letter from the Department for Work and Pensions ("DWP") or a pension order book.

Permanent Residential Address	Previous Address (if you have moved in the last two years)
Postcode	Postcode

TRANSFERRING ISA MANAGER DETAILS

Estimated amount to be transferred	£
If the transfer includes a current year subscription, please indicate the amount of that subscription	£

ISA Manager's Name			
Address			
Postcode			
Phone number	Email contact		



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TRANSFER INFORMATION

Transfer description (please tick the relevant option)

- | | |
|--|---|
| <input type="checkbox"/> Transfer of all the Cash and Securities in the ISA | <input type="checkbox"/> Transfer Securities only |
| <input type="checkbox"/> Liquidate all Securities in the ISA and transfer all the Cash | <input type="checkbox"/> Transfer Cash only |

If you wish to make a securities transfer, please indicate all securities and cash to be transferred. Should you hold more securities than you can list below please attached an up to date account statement.

Security Name	Ticker	ISIN (if known)	Quantity

Please give approximate amount of residual cash to transfer (and sales proceeds if applicable)

If you prefer, you can give your instructions on a separate sheet which must be signed and dated.

£

ISA TRANSFER REQUEST

I apply to transfer my existing ISA Account number*

*Current provider account details.

I authorise you to provide SCML with any information they require concerning the ISA I wish to transfer and to act on instructions from SCML.

Full name

Signature

Date

DECLARATIONS AND SIGNATURE

I declare that:

All subscriptions made, and to be made, belong to me.

- I am 18 years of age or over
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash ISA, a stocks and shares ISA, and an innovative finance ISA in the same tax year
- I have not subscribed and will not subscribe to another stocks and shares ISA in the same tax year that I subscribe to this stocks and shares ISA, and
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform [ISA manager's name] if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

I authorise SCML

To hold my cash subscription ISA investments, interest, dividends and any other rights or proceeds in respect of these investments and any other cash directly. To make on my behalf any claims to relief from tax in respect of ISA investments.

Applicant Signature (or Power of Attorney)

Date