

Junior ISA Application Form

YOUR INVESTMENT

I/we wish to invest the sum of

£

Into the following account:

Junior ISA

Interest will be paid annually on 31st December into the account..

NOMINATED BANK ACCOUNT FOR WITHDRAWAL PURPOSES AND PAYMENT OF INTEREST

A bank/building society account is mandatory. It will be used for transferring money out of your savings account and if required the interest. The account must be in your name (or joint names if it is a joint account) and must be able to accept electronic payments via the Faster Payments Service. If the opening cheque is not from this nominated bank account, please forward a recent statement, as evidence that this is a personal current account in your name(s).

Bank/Building
Society Name:

Bank/Building Society
account in the name(s) of:

Account Number:

Sort Code:

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CHILD'S DETAILS

Title (Mr/Miss/Other):

Date of Birth:

(Day/Month/Year)

Forenames (In Full):

Surname:

Nationality:

Country of Birth:

Permanent Address:

Postcode:

Email:

Mobile:

Child's National
Insurance Number
(If they have one):

SIGNATORY DETAILS

Title (Mr/Mrs/Miss/Ms/Other):

Date of Birth:

(Day/Month/Year)

Forenames (In Full):

Surname:

Country of Birth:

Nationality:

Permanent Address:

Postcode:

SIGNATORY DETAILS
CONTINUED

Occupation:

Employed Self-Employed Not Employed Retired Student

Tel (Daytime):

Mobile:

Email:

Do you have a National Insurance Number (NINO)?

Yes No *If, yes please enter here:*

Are you a citizen and tax resident of the UK only?

Yes No

If no, please note we are unable to open accounts for individuals who hold tax residency status in any other country, despite also being a UK tax resident.

Are you an individual, or are you related to or have a close association with someone who is in a prominent position in public life?

Yes No

If yes, please provide details:

Positions include Heads of Government, members of the judiciary, high ranking members of the services or senior figures in state owned enterprises.

Please state the address to be used for correspondence:

Child Signatory

YOUR INFORMATION

In order to enhance our security safeguards please complete all questions. Failure to fully complete this section may lead to delays in opening your account.

Do you have any existing Buckinghamshire Building Society accounts? Yes No

Please specify the purpose of this savings account e.g. holiday/car/future

Approximately how often will you use this account? Weekly Monthly Annually Occasionally

Approximate amount to be saved per annum: Up to £5,000 Up to £15,000 More than £15,000

Please provide details of where the money has originated from:

Inheritance Sale of a property Saving from income Other *Please specify*

The Society may require you to supply evidence to support the information you have provided.

PERSONAL INFORMATION

Buckinghamshire Building Society is committed to protecting your privacy and keeping your personal information secure. When you register an enquiry or complete an application form, you are authorising the Society to collect your personal information to process and operate your account(s). The Society does not share your data with any other organisation for marketing or promotional purposes. Our Privacy Notice is available on our website or you can ask us to send you a copy.

KEEPING YOU INFORMED

In order to provide you with the service you require, Buckinghamshire Building Society will use your contact details to provide you with information about your account and the Society. We will not share this information with any third parties. Please tick one preferred contact method:

Email Post Telephone/SMS

MARKETING PREFERENCES

We'd love to keep you updated about important info like new mortgage products, our community initiatives and latest savings account rates. How would you prefer we contact you - email, post, text or phone? Don't worry, you can opt out at any time if you change your mind (You can tick all 3).

Email Post Telephone/SMS

CHARITABLE ASSIGNMENT AGREEMENT

I/We will be bound by the Society's charitable assignment scheme as set out in the Savings General Terms and Conditions.

CUSTOMER DECLARATION

I Declare That:

- (i) The child named in this application will be the beneficial owner of the account investments.
- (ii) I am 16 years of age or over;
- (iii) I/the child does not have a Child Trust Fund account;
- (iv) I am the child/I have parental responsibility for that child (delete which does not apply);
- (v) I will be the registered contact for the JISA;
- (vi) The child is resident and ordinarily resident in the UK, or is a UK Crown servant, a dependent of a UK Crown servant or is married to/in a civil partnership with a UK Crown servant;
- (vii) I have not subscribed and will not subscribe to another JISA of this type for this child;
- (viii) I am not aware that this has another JISA of this type;
- (ix) I am not aware of other JISA subscriptions that will result in this child exceeding the annual limit;
- (x) I will not knowingly make subscriptions to JISAs for this child that will result in the subscription limit being exceeded.
- (xi) I declare that this application form has been completed to the best of my knowledge and belief.

I Authorise Buckinghamshire Building Society:

- (i) To hold the child's cash subscription, JISA investments, interest, dividend and any other rights or proceeds in respect of those investments and any other cash;
- (ii) To make on the child's behalf any claims to relief from tax in respect of JISA investments;
- (iii) I agree to the JISA terms and conditions;
- (iv) Please ensure you have read and completed all sections of this form before signing;
- (v) I agree to be bound by the conditions detailed in this application;
- (vi) **I acknowledge that I have received and read the FSCS information sheet and exclusion list**

Please tick box to confirm

SIGNATORY

Signature:

Date:

APPLICANT (CHILD IF OVER 7 YEARS OLD)

Signature:

Date:

OPENING AN ACCOUNT

To open this account you will need:

- Photocopy of suitable identification (as listed in our Identification Leaflet)
- A fully completed application form
- A cheque made payable to the account holder(s)

(please tick)

Send these documents to:

Buckinghamshire Building Society, High Street, Chalfont St Giles, HP8 4QB

Tel: 01494 879500

For office use only

Customer Number

Book Number

Account Number

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