

ISA Transfer In

If you do not hold an Equiniti Shareview Dealing ISA but wish to transfer an existing ISA from another ISA manager, please complete this form together with the Equiniti ISA Application Form. If you already have an Equiniti Shareview Dealing ISA, and only wish to transfer an existing ISA from another ISA manager into your Equiniti ISA, you only need to complete this form. If you have any questions about completing this form, please call the Customer Experience Centre on **0345 300 0430**.

Please complete all the fields in this form (where applicable).

Section A Your personal details				
Title Mr Mrs Miss Miss Other				
Last Name(s)				
First Name(s)				
Date of Birth				
National Insurance Number				
Address Details House No.				
Permanent Home Address Postcode				
Shareview Dealing Account Number				
Section B Notification to existing ISA manager of intention to transfer an ISA				
Please complete a separate ISA transfer form for each ISA Manager				
Name of Existing ISA Manager				
Address of existing ISA Manager				
Postcode				
Telephone number				
ISA holder's name				
Existing Account Number				

Section C	Details of securities and cash to b	oe transferred		
Please complete a separate ISA transfer form for each ISA Manager				
Type and description of transfer (Please mark with a cross)				
I. Current year's Subscription				
	nnsfer my ISA as securities only	Cash only	Cash and securities	
	, , , ,	, V	(List securities below)	
And/or				
2. Previous years'	'subscription Partial X	Full X		
Please tra (if partial tr	ansfer my ISA as securities only ransfer please list securities below) (if pa	Cash only artial enter amount)	Cash and securities (List securities below)	
	t .	£		
	ecurities to transfer: ing Group Ord. 10p) and/or provide us wit	th a recent statement	Quantity	
(0.8. 2.0) 20 20			- Caminally	
Special instructio	ns			
Please indicate any special instructions to be passed on to your existing ISA Manager:				
Section D	Declaration			
Investor Declaration to existing ISA Manager				
I wish to transfer my existing ISA detailed above to my Equiniti ISA with immediate effect.				
I hereby declare that:				
- you may provide Equiniti Financial Services Limited with any information they may require pertaining to the ISA I wish to transfer				
 you may act upon instructions from Equiniti Financial Services Limited; and you may deduct any charges for the transfer of this ISA as detailed in your Terms and Conditions. 				
Signature	iny charges for the transfer of this 15/4 as de	Date	IIOI 15.	
			MIMIXIXIX	
Please return the transfer form together with your application form (if required) in the pre-paid envelope provided to:				
Equiniti,				
PO Box 4605, Aspect House,				
Spencer Road, Lancing,				
West Sussex, BN99 6QY				
DI 177 0Q1				