first direct

firstdirect.com 03 456 100 100

Cash ISA application/reactivation for the tax year 2018/2019

Please ensure you return all the pages of this application form
For more details on how we use your information please see our Privacy Notice
Overview section which can be found at firstdirect.com/privacy

Please ensure you sign and date the declaration on page 3 of this form.

Personal details

It is important that you complete this form to enable us to process your application. Please complete in black ink and use **BLOCK CAPITALS**. In other cases please tick clearly the boxes required.

If you need any assistance with the completion of your application call us on 03 456 100 100†.

Title		Full permanent address
Forename(s)		
Surname		
Date of birth (dd/mm/	⁽ уууу)	Postcode
Do you have a Nation If 'Yes', please add it	nal Insurance Number? to the box provided.	
Yes	No	National Insurance Number (eg AB123456C)
You should be able to & Customs or a letter		your payslip, form P45 or P60, a letter from HM Revenue
returned from a perio	d abroad. These are usually issued in the	ample where yours has been lost, or if you have recently format TN999999M or 99Y999999. If you have a temporary u do not have a National Insurance Number.
If you'd like to reactive	rate your ISA, please include the sort code	and account number here:
Sort code		ISA number

You can make lump sum and/or regular permitted ISAs must not exceed the curre	payments into your Cash ISA. The total of all payments to any combination of any ent tax year annual allowance.
Lump sum payment	
Amount	
£	
Transfer from first direct sort code	account number
or enclose a cheque made payable to first	st direct.
Regular payment from your 1st Account	nt
Amount	
£	
Account to debit	
Sort code	Account number
Date of first payment (dd/mm/yyyy)	
Frequency (tick one)	
Monthly Annually	
You can make regular payments from an	account not held at first direct by arrangement with the account holding bank.
Power of Attorney	
If you are not the applicant, but are signir describe the legal capacity in which you a Name	ng on behalf of the applicant, please enter your name in the box below and are signing this form.
If you are signing this application under a please indicate the nature of the incapaci	a Power of Attorney or other Authority for an investor who is incapacitated, ity:
Mental Physical	

Payments

Declaration and Agreement

I apply to subscribe to a **first direct** Cash ISA for the tax year commencing 6 April 2018 and each subsequent tax year until further notice. (This election simply makes it easy for you to subscribe to each subsequent tax year's ISA - it's not a commitment on your part to subscribe each year.)

I declare that:

- I am 18 years of age or over
- All subscriptions made, and to be made, belong to me
- 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 the Income Tax, (Earnings and 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 **first direct** if I cease to be so resident or to perform such duties or be married to, or in civil partnership with, a person who performs such duties
- I have not subscribed and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year
- I have not subscribed and will not subscribe to another cash ISA in the same tax year as I subscribe to this cash ISA
- I have received a copy of the Cash ISA brochure and I agree to the Cash ISA Terms and Conditions
- Any information provided in respect of this application has been completed to the best of my knowledge and belief and
 I will notify first direct without delay of any changes in my circumstances affecting any of the information given in this
 application. Where information I have provided relates to other people, I declare I am authorised by them to disclose
 that information and to accept the terms on their behalf
- I have received a copy of the UK Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

I authorise first direct:

- To hold my cash subscription and any interest earned by those subscriptions
- To make on my behalf, any claims to relief from tax in respect of ISA investments.

Signed	Date (dd/mm/yyyy)

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