Cash ISA Transfer Request



Please note – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys. Please complete this form in BLOCK CAPITALS and mark option boxes with an 'X'.

Please ensure this form is signed and then forwarded to:

Everyday Banking, PO Box 5612, MANCHESTER, M61 0WN

1. Customer details								
Title	Mr	Mrs	Miss	Ms	Other	ר 🗌		
First name						_	(Please sp	ecify)
Middle name(s)]		
Surname]			
Address line 1								
Address line 2								
Address line 3								
Address line 4								
Postcode								
NatWest ISA number			Sort code					
National Insurance number			Date of birt	th (DD/MM/	YYYY)]	
2. Transfer information								
Name of current Cash ISA provider								
Existing ISA number			Sort code					
Roll/reference number								
Please note: The terms and conditions of need you to give them spec you are not sure about this	cific inform							
I would like to:								
Close and transfer the ISA								
OR								
Undertake a partial transfe	ər		A	mount to be	e transferred	ł	£	p
For customers undertakin for the current tax year, do							es 🗌	OR No

Important the amount in your account representing the current tax year subscription can only be transferred in whole and **not** in part.

3. Transfer authority

I authorise my existing ISA Manager (named above) to transfer my Cash ISA to NatWest plc.

I authorise my existing ISA Manager (named above) to provide NatWest with any information, written or non-written, relating to the request to transfer my ISA/ISA funds.

Where a notice period is required for closure/part transfer of the existing Cash ISA, I give my consent to:

Serve the full notice period before this instruction can be processed

OR

Proceed immediately with the transfer and apply any penalty which may occur

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I authorise NatWest to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash and to make on my behalf any claims to relief of tax in respect of ISA investments.

I agree to the ISA Terms and Conditions.

I declare that this application form has been completed to the best of my knowledge and belief.

Customer signature

Name (in full)		
Date (DD/MM/YYYY)		

For	NatWest	branch	use	only	
	Turine St	Dianch	asc	Ulity	

CIN number	
Branch sort code	
Staff contact name	
Branch contact number	

Instruction to existing ISA Manager

Please make cheques payable to 'National Westminster Bank plc (customer name/ISA number)' and send with ISA Transfer Certificate to the address below, or send the ISA funds via electronic transfer to the ISA account number and sort code quoted in the above 'Customer details' section.

Please send the ISA Transfer Certificate to the address below:

Everyday Banking, PO Box 5612, MANCHESTER, M61 0WN